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ABSTRACT

The Children's Defense Fund (CDF) presents its 1991 report on the state of America's children. An introductory call to action includes seven steps that CDF will take to attain its goals and 10 lessons to guide activists. The rest of the report focuses on: (1) family income and employment; (2) child care; (3) health; (4) education; (5) youth development; (6) housing and homelessness; and (7) vulnerable children and families. Appendices provide statistical data on numerous variables relating to U.S. children compared to children in the rest of the world, characteristics of U.S. children as a whole, and characteristics of children in each of the 50 states and in major cities. An index of over 425 entries ranges from AFDC to YouthBuild. Entries with the largest number of page references are child care and education. (RH)

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THE STATE OF AMERICA'S CHILDREN 1991

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MY BOAT IS
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About CDF

The Children's Defense Fund (CDF) exists to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor, minority, and disabled children. Our goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get into trouble.

CDF is a unique organization. CDF focuses on programs and policies that affect large numbers of children, rather than on helping families on a case-by-case basis. Our staff includes specialists in health, education, child welfare, mental health, child development, adolescent pregnancy prevention, and youth employment. CDF gathers data and disseminates information on key issues affecting children. We monitor the development and implementation of federal and state policies. We provide information, technical assistance, and support to a network of state and local child advocates. We pursue an annual legislative agenda in the U.S. Congress and litigate selected cases of major importance. CDF's major initiatives include our adolescent pregnancy prevention program and a prenatal care and child health campaign. CDF educates tens of thousands of citizens annually about children's needs and responsible policy options for meeting those needs.

CDF is a national organization with roots in communities across America. Although our main office is in Washington, D.C., we reach out to towns and cities across the country to monitor the effects of changes in national and state policies and to help people and organizations concerned with what happens to children. CDF maintains state offices in Minnesota, Ohio, and Texas. CDF has developed cooperative projects with groups in many states.

CDF is a private nonprofit organization supported by foundations, corporate grants, and individual donations.

THE STATE OF AMERICA'S CHILDREN

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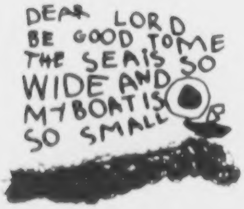
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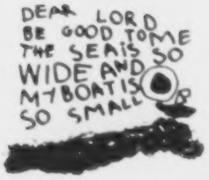
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Dedication

This book is dedicated to Henry Hampton,
producer of "Eyes on the Prize,"
in gratitude for his being our historic memory
and spark for the new 1990s movement
for civil and human rights that is aborning.

This book also is dedicated to countless
servant leaders — you — who have continued
to work for children regardless of political weather.

For Further Information

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Paul Smith and Janet Simons of CDF's Research Division generated and analyzed the data and statistics used throughout this book, which was written by Belva Finlay and Alice Yang.

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The Charles Revson Foundation provides support for all CDF publications.

Notes on Language: Throughout this book CDF uses the terms black and Latino, recognizing that African American and Hispanic are terms used or preferred by many. Government data collecting agencies, for example, generally use the term Hispanic. There is no difference between CDF's use of the term Latino and agencies' use of Hispanic. Latino data presented in this book include persons with ancestral lines to Spanish-speaking countries, including Central and South America, parts of the Caribbean, and Spain.

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Introduction

A Struggle for America's Conscience and Future

"Fear not this goodness as a thing impossible, nor the pursuit of it as something alien, set a great way off; it hangs on our own choice."
Desert Father, fourth century A.D.

" . . . Long before I was struck with cancer, I felt something stirring in American society. It was a sense among the people of the country — Republicans and Democrats alike — that something was missing from their lives, something crucial. I was trying to position the Republican Party to take advantage of it. But I wasn't exactly sure what "it" was. My illness helped me to see that what was missing in society is what was missing in me: a little heart, a lot of brotherhood.

"The '80s were about acquiring — acquiring wealth, power, prestige. I know. I acquired more wealth, power and prestige than most. But you can acquire all you want and still feel empty. What power wouldn't I trade for a little more time with my family! What price wouldn't I pay for an evening with friends! It took a deadly illness to put me eye to eye with that truth, but it is a truth that the country, caught up in its ruthless ambitions and moral decay, can learn on my dime. I don't know who will lead us through the '90s, but they must be made to speak to this spiritual vacuum at the heart of American society, this tumor of the soul."

Republican Party Chairman
Lee Atwater
Life *Magazine*

"If you want to keep your life style and you want to keep your fortunes and you want to keep the promise of this country for your children, we cannot continue on a course where the top level becomes ever wealthier and the bottom level becomes ever poorer. And for those who make catch-all statements like 'land of opportunity,' 'free enterprise,' 'personal incentive,' 'my father came here penniless' — those throwaway lines are inappropriate now. They don't recognize the problem. The problem is that we are growing a generation of children who lack that opportunity and who lack decent education and proper food.

"Unless we can address the underclass issue, this system will not continue. You have a growing contingent of the population that are not only convinced but right that the system doesn't work. If it doesn't work it gets changed."

Leonard Stern
Chief Executive Officer
Hartz Pet Food Company

The 1990s' struggle is for America's conscience and future. Many of the battles will not be as dramatic as Gettysburg or Vietnam or Desert Storm, but they will shape our place in the twenty-first century world no less.

In this last decade of the last century of this millennium, I hope every American will struggle to redefine success in America, asking not "How much can I get?" but

America's Poor Children

Out of 100 poor children in America:

41 are white, non-Latino.
21 are Latino.
3 are Asian, Pacific Islander, Native American, or Alaskan Native.
38 live in married-couple families.
54 live in female-headed families.
28 live in families headed by persons younger than 30.
11 live in families headed by persons younger than 25.
28 live in suburban areas.
27 live in rural areas.
45 live in central cities.

"How much can I do without and share?" Asking not "How I can find myself?" but asking more "How can I lose myself in service to others?" Asking not just how I can take care of me and mine but how can I help strengthen family and community values and help America regain her moral and economic bearings at home and abroad.

The Message of My Childhood

When I was growing up, service was as essential a part of my upbringing as eating and sleeping and going to school. Caring black adults were buffers against the segregated prison of the outside world that told me, as a black girl, that I wasn't important. But I didn't believe it because my parents said it wasn't so. My teachers said it wasn't so, and my preachers said it wasn't so. So the childhood message I internalized was that as God's child, no man or woman could look down on me, and I could look down on no man or woman.

I couldn't play in segregated public playgrounds or sit at drugstore lunch counters, so my father, a Baptist minister, built a playground and canteen behind our church. Whenever he saw a need, he tried to respond. There were no black homes for the aged, so my parents began one across the street and our whole family helped out. That's how I learned it was my responsibility to take care of elderly family members and neighbors, and that everyone was my neighbor.

Black church and community members were my watchful extended parents. They reported on me when I did wrong, and they applauded when I did well. Doing well meant being helpful to others, achieving in school, and reading. I figured out one day that the only time my daddy wouldn't give me a chore was when I was reading. So I read a lot!

Children were taught, by example, that nothing was too lowly to do and that the work of our heads and hands were both valuable. As a young child I went with an older brother to clean the bedsores of a poor, sick woman and learned just how much the smallest helping hands can mean to a person in need.

Our families, our religious congregations, our extended black community family made children feel useful and important. While life was often hard and resources were often scarce, we always knew who we were and that the measure of our worth was inside our heads and hearts and not outside in personal possessions or personal ambition. I was taught that the world had a lot of problems but that I could struggle and change them; that intellectual and material gifts brought the privilege and responsibility of sharing with others less fortunate; and that service is the rent each of us pays for living — the very purpose of life and not something you do in your spare time or after you have reached your personal goals.

I'm grateful for these childhood legacies: a living faith reflected in daily service, the discipline of hard work, and a capacity to struggle in the face of adversity. Giving up and burning out were not part of my childhood lexicon: You got up every morning and did what you had to do, and you got up every time you fell down and tried as many times as you had to until it was done right. My elders had grit. They valued family life and family rituals, and tried to be and expose us to good role models. And role models were of two kinds: those who achieved in the outside world like my namesake, Marian Anderson, and also those who didn't have much formal education or money but who taught us by the special grace of their lives about Christ's and Tolstoy's and Gandhi's and Heschel's and Dorothy Day's and Romero's and King's message — that the Kingdom of God is within. And every day I still try to be half as good as those ordinary people of grace who shared whatever they had with others. They knew instinctively what Walker Percy wrote: You can get all As and still flunk life.

I was 14 the night my daddy died. He had holes in his shoes but two children who had graduated from college, one child in college, another in divinity school, and a vision he was able — dying in an ambulance — to convey to me that I, a young black girl, could be and do anything, that race and gender are shadows, and that character, self-discipline, determination, attitude, and service are the substance of life.

What Is Our Message to Children Today?

What kind of vision and messages are we as parents, religious, political, business, media, community, and professional leaders conveying to our children today in our homes, schools, businesses, congregations, and in the public policy and spending choices we make? What are we telling them we value by how we invest our time, energy, and money?

Our children are growing up today in an ethically polluted nation where instant sex without responsibility, instant gratification without effort, instant solutions without sacrifice, getting rather than giving, and hoarding rather than sharing are the too-frequent signals of our mass media, popular culture, business, and political life.

The standard for success for too many Americans has become personal greed rather than common good. The standard for striving and achievement has become getting by rather than making an extra effort or serving others. Truth-telling and moral example have become devalued commodities. Nowhere is the paralysis of public and private conscience more evident than in the neglect and abandonment of millions of our shrinking pool of children, whose future will determine our nation's ability to compete and lead in the new era.

Despite a host of specific gains, and much knowledge about and many examples of what works to prevent child deficits and suffering, America's children and families of all races and incomes are in increasing peril. And so is America's future.

It is a spiritually impoverished nation that permits infants and children to be the poorest Americans. Yet 12 million children in our rich land go without the basic amenities of life — more than the total population of Illinois, Pennsylvania, or Florida. If every citizen in the state of Florida became poor, the president would declare a national disaster. Yet he and Congress have yet to recognize child and family poverty and insecurity as the national disaster it is and attack it with a pittance of the zeal and shared commitment we now apply to digging out after a devastating hurricane or earthquake.

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EVERY DAY
IN AMERICA,
135,000 KIDS
GO TO SCHOOL
LOADED.

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Kids in school should be armed with knowledge. Not guns.

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Moments in America

Every 35 seconds an infant is born into poverty.

Every 2 minutes an infant is born to a mother who received late or no prenatal care.

Every 2 minutes an infant is born at low birthweight (less than 5 pounds, 8 ounces)

Every 11 minutes an infant is born at very low birthweight (less than 3 pounds, 8 ounces).

Every 14 minutes an infant dies in the first year of life.

Every 31 seconds an infant is born to an unmarried mother.

Every 55 seconds an infant is born to a mother who is not a high school graduate.

Every 21 seconds a 15- to 19-year-old woman becomes sexually active for the first time.

Every 32 seconds a 15- to 19-year-old woman becomes pregnant.

Every 64 seconds an infant is born to a teenage mother.

Every 5 minutes an infant is born to a teenage mother who already had a child.

Every 74 seconds a 15- to 19-year-old woman has an abortion.

Every 14 hours a child younger than 5 is murdered.

Every 5 hours a 15- to 19-year-old is murdered.

Every 2 hours a 20- to 24-year-old is murdered.

Every 2 seconds of the school day a public school student is suspended.

Every 4 seconds of the school day a public school student is corporally punished.

Every 10 seconds of the school day a student drops out of school.

It is a morally lost nation that is unable and unwilling to disarm our children and those who kill our children in their school buses, strollers, yards, and schools, in movie theaters, and in McDonald's. Death stalks America's playgrounds and streets without a declaration of war — or even a declaration of outraged concern by our president, Congress, governors, state and local elected officials, and citizens.

Every day, 135,000 children take a gun to school. In 1987, 415,000 violent crimes occurred in and around schools. Where are the moral guerrillas and protesters crying out that life at home is as precious as life abroad? That mothers and fathers and children have as much right to be free of the tyranny of violence, poverty, and fear in Kansas City as in Kuwait? More children are being killed in Washington, D.C.'s own crime wave than by all the Scud missiles hitting Saudi Arabia and Israel combined.

In response to a distant tyrant we have sent hundreds of thousands of American mothers and fathers, sons and daughters, husbands and wives, sisters and brothers to the Persian Gulf in order, according to Secretary of State James Baker, to protect our life style and standard of living and the rights of the Kuwaiti people. No deficit or

Spending Choices

Preventive investments in children's programs that have been proven to work — such as Head Start, prenatal care, and nutrition supplements for babies and pregnant women — save public dollars. We can choose to spend:

$1	on childhood immunizations	OR	$10	in later medical costs
$1	on the prenatal component of WIC (the Special Supplemental Food Program for Women, Infants, and Children)	OR	$3	in short-term hospital costs
$1	on comprehensive prenatal care for women through Medicaid	OR	$3.38	in later health costs
$1	for the Job Corps	OR	$1.45	in lost earnings and later crime and welfare costs
$1	for quality preschool education	OR	$4.75	for later special education, crime, welfare, and other costs
$850	for one year of compensatory education	OR	$4,000	for the cost of a single repeated grade
$765	per month for the kinds of housing assistance, homelessness prevention, and supportive services offered by ConServe in the District of Columbia	OR	$3,000	just to shelter a homeless family in an inner-city hotel shelter
$4,500	per family for family preservation services like those provided by the Michigan Department of Social Services	OR	$10,000	for one year of foster family care for one child

recession was allowed to stand in the way. How, then, can we reconcile failing to engage the enemies of poverty and violence and family disintegration within our own nation? When are we going to mobilize and send troops to fight for the "life style" of the 100,000 American children who are homeless each night, to fight for the "standard of living" of thousands of young families who have lost 24 percent of their earning capacity since 1973 and who are struggling to buy homes, pay off college loans, find and afford child care? Where are the leaders coming to the rescue of millions of poor working families fighting to hold together their fragile households on declining wages, or to protect the pocketbook of the one in eight families with children headed by a working single mother — 29 percent of whom are poor?

What do we *really* value as Americans when the president's budget can find only $100 million to increase Head Start for a *year* and no addition for child care for working families, but can find $500 million a *day* for Desert Storm, $90 million a *day* to bail out profligate savings and loan institutions, and hundreds of millions more to give capital gains tax breaks to the rich? Although in 1990 Congress enacted budget authority to provide every eligible child a Head Start by 1994, at the present rate of increase it will take 179 years to reach that goal. Why are we able to put hundreds of thousands of troops and support personnel in Saudi Arabia within a few months to fight Saddam Hussein when we are unable to mobilize hundreds of teachers or doctors and nurses and social workers for desperately underserved inner cities and rural areas to fight the tyranny of poverty and neglect and abuse and ignorance?

America is at war on two fronts, but only the war abroad has been declared. It is time for you and me to make our leaders confront the equally deadly war raging in our cities, towns, and rural and suburban areas that poses as much of a threat to America's security and economic prosperity as any foreign enemy.

Action Now! A Crusade To Leave No Child Behind

> "Sometimes when I get home at night in Washington I feel as though I had been in a great traffic jam. The jam is moving toward the Hill where Congress sits in judgment on all the administrative agencies of the government. In that traffic jam are all kinds of vehicles. . . . There are all kinds of conveyances, for example, that the army can put in the street — tanks, gun carriages, trucks. . . . There are the hayracks and the binders and the ploughs and all the other things that the Department of Agriculture manages to put in the streets . . . the handsome limousines in which the Department of Commerce rides . . . the barouches in which the Department of State rides in such dignity. It seems to me as I stand on the sidewalk watching it becomes more congested and more difficult, and then because the responsibility is mine and I must, I take a very firm hold on the handles of the baby carriage and I wheel it into the traffic."
>
> *Grace Abbott, an early head*
> *of the U.S. Children's Bureau, 1934*

> "You know, people tells you, don't talk politics, but the air you breathe is polluted air, it's political polluted air. The air you breathe is politics. So you have to be involved. You have to be involved in trying to elect people that's going to help do something about the liberations of all people."
>
> *Fannie Lou Hamer, Mississippi civil rights organizer,*
> It's in Your Hands, *May 7, 1971*

America is at a crossroads of great national opportunity and danger. All of us, working together, must seize the opportunity to repair our nation's rent social fabric and ideals, and to save our endangered future. We can succeed, but only if enough Americans mobilize and spark a decade-long crusade, beginning today, to leave no child behind. The crusade must be comprehensive and strong enough to:

- Convince a critical mass of citizens and leaders that the growth of child poverty, drug abuse, violence, and family and neighborhood disintegration poses as much of a

LAST YEAR, WE GAVE 8 BILLION DOLLARS IN MILITARY AID TO COUNTRIES THAT OUR UNDER-EDUCATED CHILDREN CAN'T EVEN FIND ON A MAP.

NORTH PACIFIC OCEAN
NORTH ATLANTIC OCEAN
SOUTH PACIFIC OCEAN
SOUTH ATLANTIC
INDIAN OCEAN
NORTH PACIFIC OCEAN
17

If we don't improve the quality of our kids' education, America could find itself in a sad state.

THE CHILDREN'S DEFENSE FUND.

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threat to American prosperity, security, competitiveness, and moral leadership in the new decade as any other enemy outside or inside our borders;

- Translate this awareness of child and family crisis into real and sustained solutions, rather than symbolic, cosmetic, short-term, politically attractive responses that leave the underlying causes of child poverty and misery substantially unaddressed; and
- Push Americans in all walks of life to confront and clarify their values and commitment to working for rather than just talking about protecting and nurturing children.

Combating child deficits is not a Republican or Democratic, liberal or conservative agenda; it is America's agenda to preserve families and our collective future.

Over and over again until the veils of apathy, indifference, despair, hypocrisy, and greed are pierced, we must ask ourselves and elected and appointed officials, and religious, business, and professional colleagues:

- Is it acceptable that children are the poorest Americans in the wealthiest nation on earth? A recent study showed that the United States has the highest child poverty rate among eight industrialized nations.
- Do we think the world's leading military power lacks the capacity to rank first internationally rather than nineteenth in keeping its infants alive, and to rank no better than fifty-sixth in immunizing its nonwhite infants against polio — behind the overall rates of Botswana and Albania?
- Are we, as parents, grandparents, and community, political, and business leaders, preparing a competitive work force for the future when our children know less geography than children in Iran, less mathematics than children in Japan, and less science than children in Spain?

We Have Made Much Progress But Much More Is Needed

Thanks to the work of child advocates and caring citizens, significant progress for children has been made over the past two decades.

- Millions of disabled children now get a free and appropriate public education, most in mainstream classes.
- Hundreds of thousands of mothers now get the prenatal care they need to improve the chances of healthy births.
- One million more low-income children get basic health care, including preventive check-ups.
- Tens of thousands of neglected, abused, and foster children have the right to decent care while placed outside their parents' home and to services to reunify the family if possible.
- One million additional children get the immunizations they need.
- America's families with children have been added to the list of those against whom it is illegal to discriminate in the sale or rental of housing.

And thanks to people like you all over America, who wrote letters and called and lobbied, children and the nation have gotten off on the right foot in the 1990s with more than $30 billion over five years in new federal investment voted in the 101st Congress (1) to establish a long overdue, safe, affordable child care system, (2) to ensure every eligible child a Head Start by 1994, and (3) to provide health care for all poor mothers and children up to age 19 by the year 2002.

But these significant gains are too little too late. And they are in danger of becoming broken promises on the altar of war and recession unless citizens determine they will not be and transmit that determination to those you have elected to represent you.

At the top of CDF's 1991 policy agenda is sound implementation of the new child care and health provisions; full funding for Head Start; major new child welfare reforms to bolster family preservation efforts and shore up a foster care system in crisis as a result of growing poverty, homelessness, and increasing numbers of drug-addicted and HIV-infected babies; and a major new emphasis on education and creating

CDF's Legislative Agenda for 1991

The 1991 Congress must first fulfill the promises it made to America's children in 1990. In 1990 Congress approved historic children's legislation — key first steps in helping to provide America's poor and near-poor children and families with the child care, Head Start, health care, family supports, and other services they so desperately need.

For example, Congress reauthorized Head Start with a promise of rising funding levels that would allow its successful services to reach all eligible preschoolers by 1994. For these new and expanded programs and services to fulfill their promises to children and families, Congress must now fulfill its promises by providing the necessary funding for:

- **Head Start** to ensure participation by all eligible preschoolers by 1994. FY 1992 increase: $2.3 billion.
- The **Child Care and Development Block Grant** to help parents pay for child care and to help states improve the safety and availability of care. FY 1992 increase: $93 million.
- The **Childhood Immunization program** to help stop the current spread of measles and other preventable diseases. FY 1992 increase: $50 million.
- The **Family Resource and Support Grant** to help states build statewide networks of local family resource and support services. FY 1992 appropriation: $30 million.
- The **Education of Homeless Children** program to help bring down the barriers that keep homeless children out of school. FY 1992 increase: $42.7 million.
- Newly enacted programs that can address the housing needs of families whose children are at risk of being placed in foster care due to inadequate housing. FY 1992 appropriation for new **homelessness/child welfare demonstration projects:** $12.5 million. FY 1992 appropriation for special **Section 8 housing assistance certificates** for these families: $35 million.

Second, Congress must take the next steps necessary to strengthen families and their ability to meet children's needs. Congress must emphasize in 1991 the basics that all children and families need to be strong. It also must supplement these family-strengthening basics with legislation to meet the special needs of children in vulnerable families who face the effects of drug use, emotional problems, abuse, and neglect.

Health care

- Expand Medicaid to cover all pregnant women, infants, and children positive life options necessary to prevent teen pregnancy and prepare young people for productive roles in society.

But our overarching, longer term goal for this decade is to eliminate child poverty. We could lift every American child out of poverty in 1991 for $55 million a day — or $20 billion a year. That is a much lower price tag than what we are spending in the Persian Gulf and to bail out savings and loan institutions.

Our very modest legislative agenda requires less than $6 billion in investment this year to help children. That's about 18 percent of the increase in wealth gained in one year in 1989 by the top 5 percent of the population. The $6 billion investment would

younger than 19 with family incomes below 185 percent of the federal poverty level.

- Increase funding for Community and Migrant Health Centers by $70.1 million (for 40 new clinics) and for the National Health Service Corps by $60 million (to deploy 1,000 additional doctors and nurses in medically underserved communities).

Child welfare and family supports

- Pass legislation to provide family preservation services, promote a community-based system of care for children with emotional disturbances, and ensure treatment for families affected by drugs.
- Pass the Family and Medical Leave Act to provide job-protected leave to workers who must care for newborn, newly adopted, or seriously ill children.

Food and nutrition

- Increase funding for WIC (the Supplemental Food Program for Women, Infants, and Children) as part of a series of steady increases so that by 1995 the program will reach all the low-income women and children who need nutritional supplements.
- Expand food stamp assistance to families with children by raising basic benefit levels, providing extra help to families that have particularly high shelter costs, strengthening incentives to make child support payments, and making other changes that will assist poor families. Families with children receive 82 percent of food stamp benefits.

Education and training

- Expand the Jobs Corps to serve more eligible young people.
- Pass amendments to the Job Training Partnership Act to enhance services to youths who face major barriers to employment.
- Strengthen and expand Part H of the Education of the Handicapped Act to provide early intervention services to very young children with or at risk of developmental delays.
- Expand educational programs such as Chapter 1 and Even Start to help disadvantaged youngsters.

equal only 21 percent of the income tax break we will give to those who receive inherited capital gains.

While we need a free market economy and individual initiative to sustain growth and freedom, I believe basic fairness requires a concept of enough for those at the top and for those at the bottom to assure that no child is left in need.

We know what to do to alleviate child poverty and suffering. The challenge is how to create the political will and sense of urgency to get it done. And that's why the voice and hard work of every American is so important. Investing in children is neither a luxury nor a choice, but a national imperative.

Seven Steps CDF Will Take

The major strategies CDF will pursue to create a new climate for change and adoption of critical child investment goals include:

1. **Conducting massive public education campaigns** designed to raise consciousness among American leaders and citizens about how poorly America competes with other industrialized nations in caring for its children and the threat this poses to every American and our nation's future. This effort must build cumulatively.

2. **Personalizing child suffering through a new visitation program** to neonatal intensive care nurseries, homeless shelters, and drug-ridden schools and neighborhoods, as well as to positive, cost-effective alternatives. Its purpose is to create personal understanding of how bad things are for children, what can be done, and why it is in every American's self-interest to act.

3. **Identifying and demonstrating programs and policies that work.** Millions of children at risk need child care, not foster care; a checkup, not an intensive care bed; a tutor, not a guardian; a Head Start, not 12 years of special education. But it has been too hard to get them what they need — even when we know what to do and even when it saves us money over the long term.

4. **Establishing a new child research and information center and new leadership training and development institutes** to build networks of informed and effective community leaders committed to speaking out for children in every community and state. A primary goal will be to ensure effective implementation of new child care, health, and family support provisions as well as to empower local leaders with needed media, coalition-building, data collection, and monitoring skills. We intend to greatly expand our capacity to provide timely and relevant information on child and family status to states and local advocates and officials.

5. **A new crusade for black children** involving black leaders at all levels in alleviating the growing crisis of black children. Targeted efforts to black corporate, religious, education, media, entertainment, and youth leaders are under way.

6. **Building a strong, committed constituency that cuts across race, class, age, and political party** for children through a greatly expanded field network. Religious congregations, senior citizens, business and youth leaders, and women and minority group leaders all must be the soldiers in the home front defense of children.

7. **Empowering parents and grandparents, who are the most important protectors of children.** Parent education and ensuring children the chance for stable families through teen pregnancy prevention will be major emphases.

None of these efforts to reorder national investment priorities will be successful, however, unless we change our cultural signals about what we believe success to be in America and galvanize a powerful constituency committed to strengthening family and community values and giving children first call on national resources.

Committed individuals, organizations, and congregations can make life better for millions of children. The problems that too many of our nation's children see each day are very real — but they can be met if each one of us determines to make a difference in the lives of children.

Ten Lessons To Help Us Through the 1990s

"Sometimes I would like to ask God why He allows poverty, famine and injustice when He could do something about it."
Speaker No. 1

"Well — why don't you ask Him?"
Speaker No. 2

"Because I'm afraid God might ask me the same question."
Speaker No. 1

Anonymous

I believe that we have lost our sense of what is important as a people. Too many young people of all races and classes are growing up unable to handle life in hard places, without hope, and without steady compasses to navigate a world that is reinventing itself at an unprecedented pace both technologically and politically. My generation learned that to accomplish anything, we had to get off the dime. Our children today must learn to get off the paradigm, over and over, and to be flexible, quick, and smart about it.

Children and young adults — all of us — face dazzling international changes and challenges and extraordinary social and economic upheavals. One decade's profligacy shifted our nation from a lender to debtor nation status. Our aging population and future work force depend on a shrinking pool of young workers, a majority of whom will be female, minority, or both. Our culturally diverse child and worker population confronts increasing racial and gender intolerance fueled by recession and greed. Our education system is drowning in the wake of the new skills required in a post-industrial economy. The nurturance of children is at risk as family nuclearization increases, both parents work, and more children rely on a single parent. Meanwhile, time and economic pressures mount and are unrelieved by extended family networks or family-friendly private sector and public policies.

Despite these social tidal waves, I believe there are some enduring spiritual and national values that we need to rediscover on the eve of the five-hundredth anniversary of Columbus' arrival in America. I agree with Archibald Macleish that "there is only one thing more powerful than learning from experience and that is not learning from experience."

It is the responsibility of every adult — parent, teacher, preacher, and professional — to make sure that children and young people hear what we have learned from life, learn what we think matters, and know that they are never alone as they go to seize the future. So I have written my three wonderful sons a long letter sharing 25 of the lessons life has taught me, 10 of which I want to share here. Like so many parents, I worry that I may have been so busy making sure my children had all the "things" I didn't have, and would not face all the barriers I faced as a black child growing up, that I may not have shared as clearly with them the more important things I did have which got me through the tough days and troughs of life and which provide a steady anchor in troubled waters. While our children can take or leave these lessons, parents and other elders must make sure children can never say they were not told or reminded.

Lesson 1: There is no free lunch. Don't feel entitled to anything you don't sweat and struggle for. And help our nation understand that it's not entitled to world leadership based on the past or on what we say rather than how well we perform and meet changing world needs. Black, Latino, Asian American, and Native American youths should remember that they can never take anything for granted in America — especially now as racial intolerance resurges all over our land. Some of it, like David Duke's KKK brand of racism or the Bush campaign's cynical manipulation of Willie Horton, is blatant. But some of it is more subtle and very polite. Although it may be wrapped up in new euphemisms and better etiquette, as Frederick Douglass warned earlier, it's the same old snake.

White young people who have been raised to feel "entitled" to leadership by accident of birth need to be reminded that the world they face is already two-thirds nonwhite and poor and that our nation is becoming a mosaic of greater diversity. Of the total growth in the American labor force between 1988 and 2000, only one in eight of these new additions will be white non-Latino males. As our fate becomes more and more intertwined with that of non-English-speaking people of color — in California, Texas, Iraq, Iran, South Africa, and Japan — economic and world survival will depend on awareness of and respect for other races and cultures.

Each American adult and child must struggle to achieve and not think for a moment that we've got it made. Frederick Douglass reminded all of us that "men may not get all they pay for in this world, but they must certainly pay for all they get."

While a high school diploma and a college degree today may get youths in the door, they will not get youths to the top of the career ladder or keep them there. Our young people have got to work their way up — hard and continuously. So we need to teach them — by example — not to be lazy, to do their homework, to pay attention to detail, to take care and pride in work, and to be reliable. Each of us must take the initiative in creating opportunity and not wait around for a favor. We must not assume a door is closed but must push on it. We must not assume if it was closed yesterday it's closed today. And none of us can ever stop learning and improving our minds. If we do, we and America are going to be left behind.

The rhetoric of the 1980s that told us we could have our cake and eat it, too, was a recipe for national disaster. A people unable or unwilling to share, to juggle difficult, competing demands, or to make hard choices and sacrifices may be incapable of taking courageous action to rebuild family and community and prepare for the future. Many whites favor racial justice as long as things remain the same. Many voters hate Congress, but love their own member of Congress as long as he or she takes care of their special interests. Many husbands are happier to share their wives' added income than the housework and child care. Many Americans decry the growing gap between the rich and the poor and middle class, and are outraged at escalating child suffering, as long as somebody else's taxes are raised and somebody else's program is cut.

Lesson 2: Set goals and work quietly and systematically toward them. We must all try to resist quick-fix, simplistic answers and easy gains, which often disappear just as quickly as they come. We must not feel compelled to talk if we don't have anything to say that matters. So many talk big and act small. So often we get bogged down in our ego needs and lose sight of deeper needs. It's alright to feel important if it is not at the expense of doing important deeds — even if we don't get the credit. You can get a lot achieved in life if you don't mind doing the work and giving others the credit. You know what you do and the Lord knows what you do and that's all that matters.

Lesson 3: Assign yourself. My daddy used to ask us whether the teacher gave us any homework. If we said no, he'd say, "Well, assign yourself." Don't wait around for your boss or your friend or spouse to direct you to do what you are able to figure out and do for yourself to help others. Don't do just as little as you can to get by. Don't be a political bystander. Democracy is not a spectator sport. Run for political office, especially school boards. And don't think that you or your re-election or job are the only point once you do. If you see a need, don't ask, "Why doesn't somebody do something?" Ask, "Why don't I do something?" Don't wait around to be told what to do. There is nothing more wearing than people who have to be asked or reminded to do things repeatedly. Hard work, initiative, and persistence are still the nonmagic carpets to success.

Lesson 4: Never work just for money. Money alone won't save your soul or build a decent family or help you sleep at night. We are the richest nation on earth, but our incarceration, drug addiction, and child poverty rates are among the highest in the industrialized world. Don't confuse wealth or fame with character. And don't tolerate or condone moral corruption whether it's found in high or low places, whatever its color. It is not okay to push or use drugs even if every person in America is doing it. It is not okay to cheat or lie even if countless corporate or public officials do. Be honest. And demand that those who represent you be honest. Don't confuse morality with legality. Dr. King noted that everything Hitler did in Nazi Germany was legal. Don't give anyone the proxy for your conscience.

Lesson 5: Don't be afraid of taking risks or of being criticized. An anonymous sage said, "If you don't want to be criticized don't say anything, do anything, or be anything." Don't be afraid of failing. It's the way you learn to do things right. It doesn't matter how many times you fall down. What matters is how many times you get up. And don't wait for everybody to come along to get something done. It's always a few people who get things done and keep things going. This country needs more wise and courageous shepherds and fewer sheep.

Lesson 6: Take parenting and family life seriously. And insist that those you work for and who represent you do so. Our leaders mouth family values we do not practice. Seventy nations provide medical care and financial assistance to all pregnant women; we aren't one of them. Seventeen industrialized nations have paid maternity leave programs; we are not one of them and in 1990 our president vetoed and the business community opposed an unpaid parental leave bill to enable parents to stay home when a child is born, adopted, or sick. More than half of mothers of infants are in the labor force, and the men in Congress and the White House still are bickering about whether we can afford to fully fund Head Start and the newly enacted comprehensive child care bill designed to provide safe, affordable, quality child care for millions of parents who must work outside the home, or can afford to provide adequate child and income supports for working families. It is time for the mothers of this nation to tell the men of this nation to get with it and stop the political hypocrisy so that parents can have a real choice about whether to remain at home or work outside the home without worrying about the safety of their children. Let's provide decent jobs and decent wages for those who seek to work and children's allowances and paid parental leave policies so that one parent may choose to stay at home and care for children without the stigma of welfare.

We must all stress family rituals and be moral examples for our children. If we cut corners, they will too. If we lie, they will too. If we spend all our money on ourselves and tithe no portion of it for our colleges, churches, synagogues, and civic causes, they won't either. And if we snicker at racial and gender jokes, another generation will pass on the poison my generation still has not had the courage to snuff out.

Lesson 7: Remember and help America remember that the fellowship of human beings is more important than the fellowship of race and class and gender in a democratic society. Be decent and fair and insist that others be so in your presence.

Children Have Human Rights Too!

International and National Goals for Children: How Can We Make Our Nation Honor Them at Home and Abroad?

UNICEF's President James Grant detects a growing world ethos against preventable child suffering and death. Just as over time slavery and apartheid were rejected as moral offenses to civilized people, so now a new ethic is taking hold to give children first rather than last call on America's national resources, and to stem the 40,000 daily child deaths around the world that we have the technology and means but not yet the political will to prevent.

In 1989 the United Nations General Assembly approved an historic Convention on the Rights of the Child. The Convention spells out the economic, social, cultural, civil, and political rights of children. Among other things, it recognizes the right of all children to the highest attainable standard of health and requires ratifying nations to ensure prenatal care for pregnant women; prohibits discrimination against children based on their family's race, language, or religion; entitles all children to a free primary education and equal access to secondary and higher education; and establishes a right to an adequate standard of living and requires ratifying nations to assist parents who cannot meet this responsibility. So far, 58 nations have ratified the Convention. The United States is not among them. Our failure to commit to protecting children leaves us in the company of Iraq, Cambodia, and Libya.

In 1990 more than 70 world leaders met at the United Nations for a Summit on Children, adopting a declaration and plan of action to reach these and other goals for children. While President Bush spoke briefly at the Summit and the Agency for International Development handed out flyers describing our inadequate appropriations to help children in Third World nations, the president made no commitments to the millions of children living in the United States in Third-World conditions who are growing poorer every day.

The United States should be leading rather than lagging behind the world in ratifying and living up to the Convention on the Rights of the Child, the Summit goals, and the year 2000 goals for children — goals that right now remain more rhetoric than committed action and investment.

The U.S. Public Health Service, the Surgeon General, the president, and the National Governors' Association, among others, have established goals to improve the status of American children by the year 2000. Now it is time for concrete action to achieve them.

Goal	Status
Health	
Increase to 90% the proportion of women who receive prenatal care in the first 3 months of pregnancy.	In 1988, 76% of women received such care.
Reduce to no more than 5% the proportion of babies born at low birthweight.	In 1988, 7% of infants were born at low birthweight.

Goal	Status
Reduce the infant mortality rate to no more than 7 per 1,000 live births overall, and no more than 11 per 1,000 births for black babies.	The infant mortality rate for 1988 was 10.0 deaths per 1,000; the black infant mortality rate was 17.6.
Eliminate polio, measles, and rubella; reduce the cases of mumps to 500 annually; and reduce whooping cough cases to 1,000 annually.	In 1990 more than 25,000 cases of measles, nearly 5,000 cases of mumps, and more than 4,000 cases of pertussis (whooping cough) were reported.
Eliminate exceedingly high blood lead levels in children younger than 5; ensure that no more than 500,000 have moderately high levels.	An estimated 1 in 6 children are at risk of lead poisoning; poor and minority children in the nation's cities face the greatest risks.
Early Childhood Development	
All American children will start school ready to learn. All disadvantaged and disabled children will have access to developmentally appropriate preschool.	Poor and minority children are less likely to be enrolled in preschool than middle-class white children; Head Start serves only 1 in 4 eligible children.
Every parent will be a child's first teacher, and parents will receive the training and support they need.	Many parents of young children are children themselves. In poor families, parents are often so overwhelmed by economic demands they can't focus on their children's broader needs. Few parent education programs available.
Academic Achievement	
Increase the high school graduation rate to 90%; eliminate the graduation rate gap between minority and nonminority students.	By age 21, 83% of youths have a high school diploma or equivalency certificate. But this masks the dropout rates in some inner cities, which approach 50%, and higher grade retention rates for blacks.
Students will leave grades 4, 8, and 12 having demonstrated competency in challenging subject matter, including English, math, science, history, and geography	The reading, science, and math levels of black 17-year-olds are about the same as those of white 13-year-olds.

Continued on next page

Children Have Human Rights Too! (Continued)

Goal	Status
Sexual Behavior and Teen Pregnancy	
Reduce pregnancies among girls 17 and younger to no more than 50 per 1,000; reduce the pregnancy rate among black girls in that age group to no more than 120 per 1,000.	The overall pregnancy rate for girls 17 and younger was 71.1 per 1,000 in 1985.
Reduce the proportion of adolescents who have had sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17.	By age 15, 26% of girls and 38% of boys have had sexual intercourse; half of girls and two-thirds of boys have become sexually active by age 17.
Increase to at least 90% the proportion of sexually active unmarried teens who use contraception.	In 1988, 78% of these teens used contraception the most recent time they had intercourse; 63% used contraception the first time they had intercourse.
Vulnerable Children	
Reduce the rising incidence of maltreatment of children to less than the 1986 level of 25.2 per 1,000.	In 1986, 2,954 children a day were abused or neglected. About 2.4 million children were reported abused or neglected in 1989, a 147% increase since 1979.
Reduce to less than 10% the prevalence of mental disorders among children and teens.	An estimated 7.5 million to 9.5 million children and teens have emotional problems; 70% to 80% of them are not getting help.
Families and communities should give special attention to children living under especially difficult circumstances, including homelessness.	Homeless families with children make up about one-third of the nation's homeless population; every day 100,000 children are homeless.
Drugs and Alcohol	
Reduce alcohol use by 12- to 17-year-olds to less than 13%; reduce marijuana use by 18- to 25-year-olds to less than 8%; reduce cocaine use by 18- to 25-year-olds to less than 3%; reduce the initiation of cigarette smoking to 15% by age 20.	More than one-quarter of 12- to 17-year-olds had used alcohol in 1988; more than 15% of 18- to 25-year-olds had used marijuana; 4.5% of 18- to 25-year-olds had used cocaine; and 30% had become regular cigarette smokers by ages 20 through 24.

Don't tell, laugh at, or acquiesce in racial, ethnic, religious, or gender jokes or any practices intended to demean rather than enhance another human being. Walk away from them. Stare them down. Make them unacceptable in your presence. Through daily moral consciousness counter the proliferating voices of racial and ethnic and religious division that are gaining respectability over the land, including college campuses. Let's face up to rather than ignore our growing racial problems, which are America's historic and future Achilles' heel.

How many potential Colin Powells, Condoleezi Rices, Sally Rides, Barbara McClintocks, Wilma Mankillers, Daniel Inouyes, and Cesar Chavezes is our nation going to waste before it wakes up and recognizes that its ability to compete and lead in the new century is as inextricably intertwined with its poor and nonwhite children as with its white and privileged ones, with its girls as well as its boys?

Let's not spend a lot of time pinning and denying blame rather than healing our divisions. Rabbi Abraham Heschel put it aptly: "We are not all equally guilty but we are all equally responsible" for building a decent and just America.

Lesson 8: Don't confuse style with substance or political charm with decency or sound policy. It's wonderful to go to the White House or Congress or State House for a chat, but words alone will not meet children's or the nation's needs. Political leadership and different budget priorities will. Speak truth to power. And put your own money and leadership behind rhetoric about concern for families and children in your own homes, law firms, medical practices, corporations, or wherever you pursue your career.

Lesson 9: Listen for the sound of the genuine within yourself. "Small," Einstein said, "is the number of them that see with their own eyes and feel with their own hearts." Try to be one of them. There is, Howard Thurman said, "something in every one of you that waits and listens for the sound of the genuine in yourself." It is "the only true guide you'll ever have. And if you cannot hear it, you will all of your life spend your days on the ends of strings that somebody else pulls." There are so many noises and competing demands in our lives that many of us never find out who we are. Learn to be quiet enough to hear the sound of the genuine within yourself so that you can hear it in other people.

Lesson 10: Never think life is not worth living or that you cannot make a difference. Never give up — I don't care how hard it gets. I know how discouraging it is to struggle to help the needy year after year with too few people and too little money and community support. An old proverb reminds, "When you get to your wit's end, remember that God lives there." Harriet Beecher Stowe wrote that when you get into a "tight place and everything goes against you, till it seems as though you could not hang on a minute longer, never give up then, for that is just the place and time that the tide will turn." Hang in with life. Hang in with your advocacy for children and the poor. The tide is going to turn.

And don't think you have to "win" immediately or even at all to make a difference. Sometimes it's important to lose for things that matter. Don't think you have to be a big dog to make a difference. You just need to be a persistent flea.

My role model, Sojourner Truth, an illiterate slave woman who hated slavery and the second class treatment of women, was heckled one day by an old white man. "Old woman, do you think that your talk about slavery does any good? Why, I don't care any more for your talk than I do for the bite of a flea." "Perhaps not," Sojourner rejoined, "but the Lord willing, I'll keep you scratching." Enough committed fleas biting strategically can make even the biggest dog uncomfortable and transform even the biggest nation, as we will transform America in the 1990s.

Shel Silverstein, the children's book writer, gets my last word.

Listen to the mustn'ts, child,
listen to the don'ts
listen to the shouldn'ts,
the impossibles, the won'ts
listen to the never haves
then listen close to me —
anything can happen, child,
ANYTHING can be.

If we dream it, have faith in it, and struggle for it. Let's together make it un-American for any child to be poor or to be left behind.

Marian Wright Edelman
President, Children's Defense Fund

Family Income and Employment

Eradicating childhood poverty by the year 2000 is an ambitious but essential goal to achieve if the United States is to accomplish the urgent tasks of improving the health, education, housing, welfare, and development of children and youths.

Eliminating childhood poverty requires that the nation tackle a number of challenges: ensuring that full-time work yields incomes high enough to support a family, and that parents have the education and skills to obtain stable employment. We also must ensure that all parents — including those not living with their children — contribute as much as they are able to the support of their children, and that the government carries out its responsibility to meet the needs of children when parents cannot do so without help.

We can no longer delay a full-scale, systematic attack on childhood poverty. No civilized society should allow any of its children to be without enough food to eat, adequate shelter, safe neighborhoods, good education, and adequate health care. The protection and well-being of children is one of the most basic moral obligations of any nation.

The effects of growing up poor can last a lifetime. Poor children are more likely to have health and nutrition problems, live in substandard housing or even be homeless, miss out on good preschool, and lack nurturing day care while their parents work. As a result, they are far more likely to have trouble in school and encounter a host of other related problems, most notably weak basic academic skills and too-early parenthood, two top predictors of poverty for the next generation.

Childhood poverty hurts the entire nation as well. If the economy is to thrive in the years ahead, we will need every family to be financially self-sufficient and every child to grow up to be a productive worker. The nation must strengthen the economic foundation for parents so that families can provide the nurturing environment their children need in order to achieve and grow up to be contributing members of society.

Current Status in Family Income and Employment

Who Are the Poor?

One Friday evening in December 1990, Jerry V was getting ready for the four-hour drive home from his job as a construction supervisor in West Virginia when his boss told him he was being laid off. Jerry, 31, had been working on the construction of a new McDonald's, now nearly finished, for a year and a half. This was his first job that paid enough to support his wife, Pat, and their three young children since their marriage in 1985. Only a few months earlier, they had rented a modest three-bedroom house in a grassy Northern Virginia suburb, a place they chose with the children in mind. Recently Pat had talked to her friends a lot about preschool for Janie, her oldest child, to attend next year. Even though Jerry's construction sites often were so remote he had to stay in nearby motels during the week and come home only on weekends, he felt it was a good job, a first step toward a stable, decent life for his family.

Now, with the layoff, they were back to square one. Neither Jerry nor Pat has a college degree, and good jobs in construction are hard to come by these days. No longer able to pay the rent, the family had no choice but to move back to Jerry's mother's house in Texas. Janie's preschool will have to wait.

Jerry and Pat V are a typical example of today's poor families. Only a small fraction of poor Americans fits the common stereotype of poverty rooted in images of inner-city ghettos and a permanent underclass. For example, by one estimate only one in 50

What Is "Poverty"?

The federal government has an official definition of poverty based on income and family size. In 1990 a family was considered poor if its annual income was less than $8,420 for a family of two, less than $10,560 for a family of three, less than $12,700 for a family of four, and so on. Official poverty guidelines, adjusted each year for inflation, first were devised in 1963 using data showing what it cost to maintain a nutritionally adequate diet in the first half of the 1950s. Since then, official national poverty rates and eligibility criteria for many federal programs have been based on each year's poverty guidelines.

By definition, families with incomes below the poverty level find themselves unable to meet all their basic needs. Yet even having an income equal to or above the official poverty threshold no longer guarantees that a family can pay for adequate food, shelter, clothing, transportation, health care, and various other essentials. For a host of reasons, the government's official definition of poverty has grown woefully inadequate.

For example, federal housing policies long have embraced the principle that families should spend no more than 30 percent of their incomes on housing in order to budget for other necessities. But in every state and the District of Columbia in 1990 the Fair Market Rent for a modest two-bedroom apartment in the lowest cost urban area of the state was well over 30 percent of the monthly federal poverty level income for a family of three (see Housing and Homelessness chapter).

Similarly, the federal poverty threshold fails to take into account today's exorbitant health care costs. Without health insurance, regular health care is unaffordable even for many families with incomes twice the federal poverty level, let alone those living just above the threshold.

Today's child care costs also make the federal poverty threshold unrealistic. Without child care, many one-parent families are unable to work. Yet child care costs can eat up half of a low-income family's already meager earnings (see Child Care chapter).

How do families cope with these costs? A few manage to borrow and hope for better times ahead. But the vast majority are forced to live in hazardous housing, forgo regular health care, weigh utility bills against other necessities, cut down on the size of their meals or skip some meals altogether, or leave their children in substandard child care. Considered nonpoor by the federal government, children in many such low-income families must do without the bare essentials that allow them to grow into healthy, well developed, productive adults.

poor children is a black child born to a single, teenage mother on welfare in a central city. A minuscule one in 1,000 poor children lives in such a family with a mother who has never held a job.

Female-headed families continue to suffer extraordinarily high poverty rates, but poverty rates among married-couple families with children also have increased substantially, rising by 20 percent between 1979 and 1989. Nor is increasing child poverty exclusively a black problem. Poverty rates for white children rose by more than one-fourth in the past decade, throwing more than 1.4 million additional white children into poverty. Although child poverty has exploded among every racial and ethnic group during this period, white children accounted for the greatest increase in the total number of children added to the poverty rolls.

by women. By 1989 that figure had soared to 52 percent. More than half of all children born today will spend part of their childhood in a one-parent home.

Children living only with their mothers are far more likely to be poor. Fifty-one percent of such children were poor in 1989, compared with only 22 percent in male-headed, one-parent families and 10 percent in two-parent families. The immediate causes of this disparity are obvious. First, women generally earn less than men. In 1989 women's median weekly earnings were 69 percent of men's for year-round, full-time employment. Second, there is no second wage earner in a one-parent family to help offset losses when earnings fall and wages fail to keep pace with inflation, leaving both male- and female-headed, one-parent families more likely than married-couple families to be poor.

But less obvious perhaps are the economic roots of the rise in the number of children living in one-parent families. As earnings among young men have fallen further and further below what it takes to support families, their marriage rates also have plummeted. This pattern reflects, in part, their growing inability to assume the financial responsibilities of marriage and their diminishing attractiveness as marriage partners. Although social changes also underlie declining marriage rates, statistics suggest that falling earnings are a major contributing factor. As the marriage rate falls, the number of mothers and children in one-parent families increases.

Inadequate education and job training: Limited education is one of the surest predictors of poverty, not only keeping many young people from finding jobs, but, increasingly, preventing workers from advancing to better paying positions. Today, strong basic academic skills (reading, writing, and math) and completion of high school, if not college, are the minimum requirements for most jobs that pay enough to keep even a small family securely out of poverty.

Yet between 1969 and 1989 the high school graduation rates of 18- to 24-year-olds increased by only three percentage points, from 78 to 81 percent. During the same period, the proportion of high school graduates who had ever enrolled in college increased by only five percentage points, from 53 to 58 percent. Poor one-parent families suffer particularly severe educational deficits: Nearly half of all poor female heads of households have not finished high school, and according to the American Public Welfare Association, 60 percent of parents receiving welfare in 36 of the previous 60 months have not completed high school. Job skills training can compensate somewhat for low education, but poorly paid and poorly educated workers also tend to have jobs that provide less on-the-job training, making advancement to better positions unlikely.

Inadequate national antipoverty efforts: The federal government has failed to address systematically the underlying causes of child poverty. Lacking effective economic or social policies to boost employment and family incomes, the nation was ill prepared for the economic recessions of the early 1980s. Millions of children paid the price as their families fell into poverty. As we enter another recession in 1991, the nation faces a similar danger but potentially with even more devastating consequences, since child poverty rates already are at unprecedented levels.

The antipoverty programs the government does provide are patchwork responses that in recent years have become less and less effective in lifting families and children out of poverty. Support for job training, income supplements, and welfare benefits all have failed to keep up with changing social conditions and rising costs of living. In 1979 nearly one in five families with children escaped poverty with the help of government cash assistance. By 1987, however, such programs saved only one in 10 families.

Minimal job training investments: Federal job training can improve underskilled young adults' employment prospects significantly — for those lucky enough to be enrolled. The three major job training programs — the Job Training Partnership Act (JTPA), the Job Corps, and the Job Opportunities and Basic Skills (JOBS) program, a federal-state partnership to support education and training for welfare recipients which states were required to begin in 1990 — all reach only a small fraction of their target populations. JTPA serves less than 5 percent of the eligible population, and the Job Corps serves an estimated one in seven eligible youths. Similarly, state JOBS programs will reach only a small fraction of all welfare recipients who need or want education, training, or employment services. Moreover, in 1990 many states failed to use the full amount of federal JOBS funding to which they were entitled because they were unwilling or unable to provide full state matching funds.

Federal job training programs also have suffered from excessive focus on short-term results. Unlike the comprehensive Job Corps, with its strong record of giving young people solid, marketable skills, JTPA has placed undue emphasis on moving participants into jobs as quickly as possible. The jobs many participants get, as a result, pay low wages, offer little advancement potential, and may last only for a short period.

The JOBS program, while just getting under way in many states, may prove to have the same shortcomings. States are under great pressure to keep expenditures per participant unrealistically low, and states are not rewarded adequately for the extra effort necessary to place recipients in jobs that pay wages sufficient to support a family.

Declining unemployment insurance: As the economy weakens, unemployment insurance will become even more important in protecting families from poverty when parents lose their jobs through no fault of their own. Yet because of tightened federal and state eligibility requirements and changes in the labor market, the program is cushioning fewer and fewer out-of-work families from the crisis of joblessness. As recently as 1980 half of all unemployed workers received benefits. By 1990 only slightly more than one-third did. During the past decade, eligibility for extended benefits (beyond 26 weeks) also was restricted sharply, so that such extended benefits are not available unless the unemployment rate reaches a very high threshold. Jobless workers therefore are unlikely to qualify for this additional help in the 1990s unless the nation suffers an extraordinarily severe recession.

Extremely low AFDC benefits: Aid to Families with Dependent Children (AFDC), the main federal-state income support for poor families with children, was designed to be a safety net for children deprived of parental support due to the death, illness, incapacity, or absence of a parent. But AFDC never has lived up to this promise. Grants always have been so small that they have left families substantially below the federal poverty line. In the past 20 years, the effectiveness of AFDC has eroded further. In July 1990 the median state's maximum AFDC benefit for a family of three was only $367 per month, 45 percent of the federal poverty level. Even with the maximum food stamp allowance (a benefit most AFDC families get), that family's income was still only 74 percent of the poverty level. In five states (Alabama, Louisiana, Texas, Mississippi, and Tennessee) plus Puerto Rico and the U.S. Virgin Islands, the maximum AFDC grant for a three-person family was less than $200 per month.

Between 1970 and 1989, AFDC benefits kept pace with inflation in only two states, Maine and California. In 37 states, the inflation-adjusted value of the maximum monthly AFDC benefit for a family of three fell by more than 25 percent. In eight states, it fell by more than 50 percent. While in 1970 the median state maximum AFDC benefit could lift a family of three to 71 percent of poverty, in 1989 it left them at 46 percent of poverty.

In almost all states, AFDC grants have fallen so far behind rising housing costs that it virtually is impossible for families receiving AFDC to secure even the most modest apartments. In 1979 the federally set fair market rent for a modest two-bedroom apartment in the lowest-cost area of Oregon was equal to 54 percent of a three-person family's maximum allowable AFDC grant. In 1990 the same apartment cost 114 percent of that family's grant. In the same time period in New Jersey, the figures rose from 63 to 117 percent. The situation is similar in many other parts of the country. In 39 states and the District of Columbia, the fair market rent now exceeds —

Like Jerry and Pat's children, a large proportion of poor children live in young families trying to get on their feet. Almost one-third of all poor children live in families headed by persons younger than 30. The poverty rate among young families nearly doubled between 1973 and 1987, a trend responsible for half the entire increase in the number of poor children in the United States during this period.

Recent Trends in Child Poverty

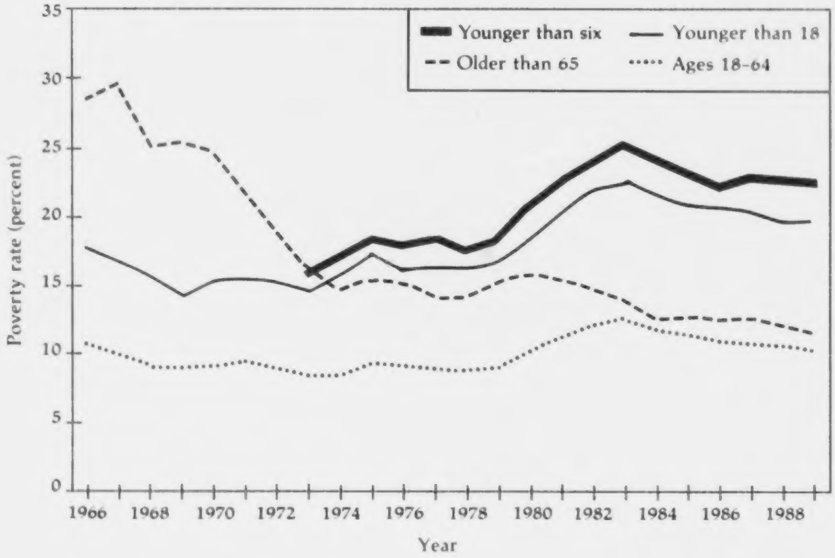
Despite continuing improvements in the general economy, the U.S. child poverty rate rose slightly in 1989 (the latest year for which national data are available), increasing to 19.6 percent from 19.5 percent the previous year. A total of 12.6 million children now live below the poverty line, an increase of more than 2.5 million from only a decade ago.

After encouraging improvements in the 1960s, followed by a period of stagnation in the 1970s, child poverty soared to record levels in the early 1980s, peaking at 22.2 percent in 1983 after the deep 1981-1982 recession. Further fueling the crisis were the Reagan administration's sweeping federal budget cuts. During the last half of the 1980s, child poverty declined somewhat, but the recovery was so sluggish that the poverty rate still has not returned to pre-recession levels and remains higher than it was in any year from 1966 to 1980, including the worst recession years of the 1970s.

More children also fell deeper into poverty during the 1980s. In 1989, 41 percent of all poor children were in families with incomes below half the poverty line, com-

POVERTY

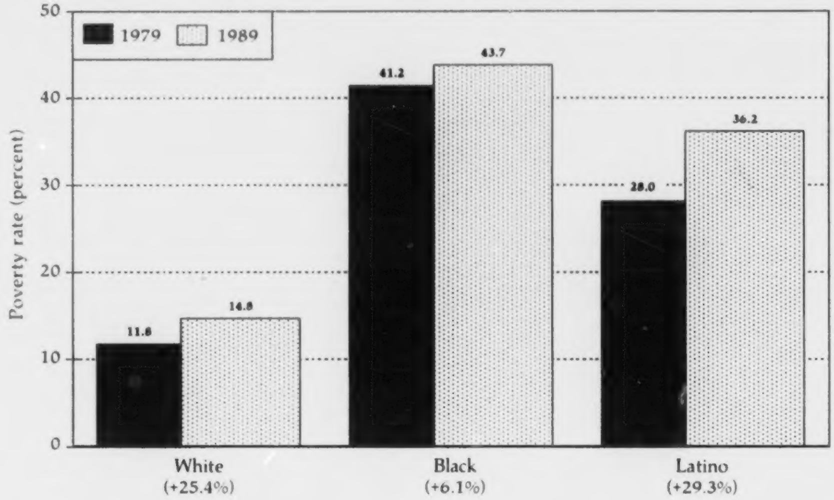
Poverty Rates by Age, 1966–1989



Source: Bureau of the Census, P-60 Series, *Current Population Reports*, 1966–1989. Calculations by Children's Defense Fund.

CHILD POVERTY

Poverty Rates of Children, by Race and Latino Origin, 1979 and 1989



Source: Bureau of the Census.

pared with 34 percent in 1978. A family of three in such desperate poverty had to pay for everything with no more than $412 per month (based on the 1989 federal poverty line).

Underlying Causes of Child Poverty

Falling earnings: A major cause of mounting child poverty in the past decade has been declining inflation-adjusted wages for workers who lack advanced education or training. As the number of higher paying jobs in manufacturing industries have dwindled, more and more workers — particularly young workers — have been employed in lower paying jobs in the service sector (such as in retail stores and restaurants) that also are more likely to be part time or temporary. Workers' earnings consequently have lagged behind rising costs of living. For example, between 1973 and 1989, the median wages of hourly workers (adjusted for inflation) fell by 17 percent among women younger than 25, 19 percent among men ages 25 and older, and a stunning 29 percent among men younger than 25.

At the same time, the value of the federal minimum wage has declined. In 1979 full-time, year-round work in a job paying the minimum wage lifted a family of three out of poverty. A decade later, a minimum wage job left that same family 30 percent below the poverty level. Even when the minimum wage is raised to $4.25 per hour in April 1991, a full-time, year-round job still will leave a family of three with earnings equal to roughly 80 percent of the 1991 poverty level, or just $737 per month.

More female-headed families: Another major factor contributing to rising child poverty has been the dramatic increase in the number of families headed by one parent (almost always the mother). In 1959, 23 percent of all poor families were headed only and in some cases is two or three times — the entire maximum AFDC grant for a family of three.

Not only have AFDC grants shrunk in value in the past two decades, but eligibility criteria also have tightened. In 1973 AFDC benefits were provided to 84 children for every 100 poor children. By 1988 AFDC benefits reached only 61 children for every 100 poor children. Although federal legislation effective in 1990 requires states to provide AFDC to some two-parent families (previously a state option), eligibility criteria for this part of the program are so stringent that only a fraction of even very poor two-parent families qualify.

Inadequate food stamp aid for families with children: Food stamps are a very important source of income support for poor families, available to needy families without regard to age, family composition, or labor force participation. Virtually all food stamp benefits go to households with incomes at or below the poverty line, and 82 percent of such benefits go to households with children.

But food stamp benefits for poor families remain too low to eliminate hunger and meet basic nutritional needs. Recent findings from the Community Childhood Hunger Identification Project launched by the Food Research and Action Center suggest that millions of American children are hungry and in need of expanded food assistance. Despite rising poverty rates and rapid increases in housing and heating costs for families with children during the past decade, food assistance programs were cut deeply in the early Reagan years and only partially restored by Congress in the late 1980s.

Families with children are particularly hurt by current rules for calculating food stamp benefits. Elderly and disabled households may disregard that portion of their income that is used to pay housing and heating expenses in excess of half of their net incomes for purposes of calculating food stamp benefits. However, for other families — including most families with children — the housing and heating deduction is capped at unrealistically low levels. Food stamp benefits also are reduced for every dollar of child support payments a family receives, diminishing the incentive for parents to cooperate in child support enforcement efforts.

Weak child support enforcement: The failure of absent parents to support their children and the federal and state governments' general laxity in enforcing child support contribute significantly to child poverty today. Child support alone usually cannot lift a poor one-parent family out of poverty, but it can ease its burdens substantially.

A joint federal-state child support enforcement program, called the Title IV-D program, has been created to help single parents collect support from absent spouses. In recent years IV-D has increased dramatically the timely and proper payments in cases where child support is due. Between 1978 and 1989 collections rose from $1.8 billion to $5.1 billion.

But, hindered by bureaucratic and financial problems, IV-D still often fails to establish paternity, obtain support orders, and distribute support in a timely manner. According to recent Census data, 9.4 million mothers were living without their children's fathers in the spring of 1988. Only 51 percent of these women had child support awards, and only 26 percent received their full child support the previous year.

In the years ahead, more single-parent families may receive the child support due them as states strengthen their implementation of the child support provisions of the new Family Support Act (see Family Support Act Implementation, page 30).

Dwindling Social Security payments to children: Since the 1930s the Old Age, Survivors, and Disability Insurance (OASDI) — commonly known as Social Security — has been an important source of support for workers and their children. Social Security is a huge program, with payments of more than $217 billion to 39 million beneficiaries in 1988. Roughly 2.5 million beneficiaries were children younger than 18.

Millions of other children, while not direct beneficiaries, live with parents, grandparents, or other relatives in households supported substantially by Social Security.

The program was created as a safety net for former workers and their spouses and children who face loss of income because of retirement, disability, or death. Unlike many other programs, Social Security is available to former workers and their families regardless of income, which makes the benefit especially important for the millions of children in families with incomes too high to qualify for AFDC, yet still below or barely over the poverty line.

Social Security also is important to poor children because the payments typically are much higher than AFDC grants. In 1988 the average AFDC payment per recipient was $127 per month, while the average Social Security payment to the child of a deceased worker (one of the largest categories of child beneficiaries) was $331.

However, in recent decades, a smaller and smaller portion of all Social Security payments have gone to children. In 1940 one of four program beneficiaries was a child. By 1987 this number had fallen to one of 12. In 1950, 15 percent of Social Security dollars went to children, but in 1987 only 5 percent did. If the children's share had stayed at 15 percent, children would have gotten an extra $20 billion in 1987. A significant portion of this would have gone to poor children.

Investing in Children Through Child Allowances

Child allowances — payments to all families with children regardless of income — are one of several strategies many industrialized countries use to help relieve the costs of raising children. In a study of eight countries (Sweden, France, Great Britain, Israel, Canada, Australia, West Germany, and the United States), researchers Alfred J. Kahn and Sheila B. Kamerman found that every nation except the United States offered some form of child allowance.

In every country with a child allowance, the benefit was found to be enormously popular and widely used. Application is easy, parents need not be employed, and families that receive the benefit are not stigmatized. The allowances cover children at least through their late teens, with West Germany and Australia extending the benefit to young adults up to age 27 and 25, respectively, who are still in postsecondary school.

In some of the countries, the amount of the benefit varies according to the age of the child and the number of other children in the family, while other countries offer a uniform per-child benefit level. But generally, for a one-child family, benefits range from 13 percent of an average worker's wage in France if the child is younger than three and the family income does not exceed a fairly high ceiling, to 2 percent of average wages in Canada and Australia. Allowances for families with more children often are substantially higher — for example, 45 percent of an average wage for a one-parent family with four children in France, and 34 percent of an average wage for a four-child family in West Germany.

While child allowances alone typically are not enough to replace all other cash assistance to poor families, they are a highly effective component of an overall plan to reduce child poverty. In several of the countries Kahn and Kamerman studied, the combination of child allowances, work-related benefits, and non-cash benefits, such as housing and national health insurance, has reduced the need for other income assistance dramatically. By continuing support for children even when parents' earnings increase, child allowances preserve parents' incentives to work to support their children — incentives that often are lost in traditional welfare programs.

Key Developments in Family Income and Employment in 1990

Expanded tax credits and a higher minimum wage brought important gains for low-income working families with children in 1990. Major new federal child care legislation also will help alleviate the financial strains facing many such families. (See Child Care chapter for details.)

But the outlook in 1990 was much bleaker for families with children that lacked an adult in the work force. As states begin to gear up their JOBS programs, AFDC families are finding limited — albeit expanding — opportunities to gain education, training, and employment experience. Congress again failed to bolster income supports for very poor families without earnings, taking no steps to induce states to raise grossly inadequate AFDC benefits. Congress also failed to complete action on essential improvements in the food stamp program. As a result, children in families without earnings — many of whom live in one-parent families — often are desperately poor and rarely are lifted out of poverty by government anti-poverty efforts.

Expansion of Earned Income Credits

Low-income working families will get a bigger tax break beginning in 1991 through an expanded Earned Income Credit (EIC). In 1990 Congress enacted legislation to increase the credit yearly through tax year 1994. By then, the benefit will have increased approximately 70 percent over the tax year 1990 level.

In 1990 parents earning less than $10,730 annually could claim $953 for a tax reduction or cash refund. As income rose above $10,730, the credit decreased, reaching zero when income equaled $20,264. Under the new law, each year the size of the credit will increase, as will the income level at which parents qualify for the maximum credit. For tax year 1991, a family with one child can claim a maximum of $1,192. By 1994 the maximum will reach about $1,860.

Other improvements in the 1990 legislation include a small additional credit for families paying or co-paying their children's health insurance, less restrictive EIC eligibility requirements, and a new provision guaranteeing that EIC benefits will not count as income when families determine their eligibility for AFDC and other federal social programs.

Although the new expansions will help many low-income working families substantially, the program needs further improvements. First, EIC is less useful to large families now because the credit amount is not adjusted for family size after the second child. Second, many families now eligible for EIC are not receiving the benefit, partly because they have not been informed adequately about it and partly because of inconvenient application procedures.

Even if these problems were corrected, EIC alone would not be enough to ward off poverty among families with children because the benefit is not available to households without employment. Moreover, EIC never will be able to compensate for workers' low wages. Unless the federal minimum wage is raised substantially, full-time, year-round employment paying the minimum wage plus the maximum 1994 credit still will yield an income several thousand dollars short of the federal poverty line for a family of four.

Minimum Wage Increase

In April 1990 the federal minimum wage was increased for the first time in almost a decade. As mandated by legislation enacted in 1989, the minimum hourly wage rose from $3.35 to $3.80, and will go up to $4.25 on April 1, 1991.

The higher wage floor under the new law, though an important victory for the working poor, still is too low to lift families out of poverty. The law also created a new loophole that allows employers to pay teenagers less than the new minimum wage rate. Through a training wage provision in effect until 1993, an employer may pay 85 percent of the regular minimum wage for up to 90 working days to any employee younger than 20. This applies regardless of the employee's previous work experience or the extent of training the teenager receives. If the young worker subsequently finds a new job and is enrolled in a certified training program sponsored by the second employer, he or she can be subject to another 90 days of subminimum wage.

Family Support Act Implementation

The welfare system moved a small step closer to becoming a program to build family self-sufficiency, rather than simply to provide income supplements, when all states implemented the federal Family Support Act (FSA) in 1990. Enacted in 1988, FSA mandates that states operate education, training, and employment programs for AFDC recipients and provide a number of other supportive services to improve recipients' chances of finding decently paying jobs and moving off welfare. All states were required to implement FSA by October 1, 1990, although many began earlier.

The most important components of the new law are the Job Opportunities and Basic Skills (JOBS) program, guarantees of child care for AFDC parents who work or are in education or training, child support enforcement mandates, and a new requirement that all states provide AFDC benefits to two-parent families in certain limited circumstances.

JOBS: FSA provides new federal support for state education, training, and job placement efforts through JOBS. The success of JOBS depends largely on states' willingness to invest their own resources in ways that address participants' educational and training needs realistically. Preliminary, informal surveys by the American Public Welfare Association show that most states are targeting their resources on the least educated and least skilled within their AFDC populations. Services are shifting away from less intensive, low-cost interventions such as job search and community work experience, in favor of more intensive, more costly education and training activities that can have a lasting impact on future employment and earnings.

On the negative side, state and local fiscal problems are making it difficult for states to match federal funds fully. As a result, programs now serve only a fraction of the eligible population, and pressure to operate very short-term, low-cost programs persists.

Child care: FSA specifies that states must guarantee child care for JOBS enrollees and other AFDC parents participating in approved education, training, or employment activities. States may guarantee child care by providing it directly, purchasing care from providers through contracts or vouchers, providing cash or vouchers in advance to the family, reimbursing the family, or using other arrangements deemed appropriate by the state.

States have taken some encouraging steps to improve child care for AFDC parents. Many states have raised reimbursement rates to cover more realistically the costs of child care, and in some states teen AFDC parents are getting special support through promising pilot programs.

However, most states' child care arrangements do not meet the child care needs of all AFDC families enrolled in education and training activities. Partly at fault are overly restrictive federal regulations for implementing FSA. The regulations allow states to receive federal matching funds to pay for child care only at the 75th percentile of the local market rate, although the FSA itself did not include such a limit. This discrepancy puts a significant portion of child care providers out of AFDC parents' reach. In many cases, it also means AFDC children run higher risks of being placed in substandard care because states' rates often do not cover higher quality programs. Moreover, because parents often have trouble finding child care if they cannot pay the going rate, they may be forced to delay participation in education or training.

The FSA regulations also deny federal matching funds for efforts to recruit more child care providers into the system, another restriction not authorized by Congress in statute. In the vast majority of states, there are enough child care slots only for a fraction of AFDC children needing care.

Transitional child care: FSA requires states to pay part of the child care costs of families that find employment and, as a result, move off welfare. To determine co-payment amounts, states must use sliding fee scales that take into account families' ability to pay. As of the summer of 1990, however, many states were using unrealistic sliding fee scales that bear no relationship to families' true ability to pay. In some states, families earning poverty-level wages — common among families just off welfare — are forced to spend more than a third of their income on child care. In a number of other states, families become ineligible for aid at income levels that clearly are too low to pay for adequate child care.

In another troubling development, preliminary data indicate that the transitional child care program needs substantial improvements in administration and outreach. In a number of states, only a fraction of families potentially eligible for this benefit actually receive it.

Child support enforcement: For many one-parent families, child support from absent spouses is an absolutely crucial income supplement. However, families often go for months, sometimes years, without the money they should be getting because spouses fall behind in their payments or enforcement agencies delay processing their cases. In 1990 many states passed laws to comply with child support requirements of the FSA aimed at correcting this problem. As mandated by FSA, all states established systems to withhold wages immediately from parents who fail to pay child support. The only exceptions are when parties agree to other arrangements or a court finds good cause not to begin withholding immediately. All states also became subject to new federal time lines for when child support enforcement agencies must begin working on cases and distributing child support collections.

Also in keeping with FSA, all states began phasing in requirements that child support enforcement agencies take more active steps to locate absent parents and legally establish paternity. Failure to establish paternity and obtain a child support order currently is one of the most common reasons families fail to receive child support.

AFDC for two-parent families: With FSA implementation, more two-parent families became eligible for AFDC. The law now requires all states to offer AFDC to limited categories of two-parent families with at least one unemployed parent. Previously, this was an option used by about half the states.

The new provision, though an improvement, still reaches only a fraction of poor two-parent families. For the families it does reach, the aid remains minimal. Moreover, states new to the two-parent program may choose to limit benefits even further by providing them for only six months out of a year, or by delaying payments until a family has performed required JOBS program activities. Both options, in effect, punish families for being unable to find stable employment.

Reform of SSI Criteria for Children with Disabilities

As a result of a February 1990 Supreme Court decision forcing compliance with federal law, the Social Security Administration (SSA) loosened its eligibility criteria for federal Supplemental Security Income (SSI), monthly cash assistance of up to $407 per child, for children with disabilities. As many as half the 50,000 children denied SSI each year — and many more who have not applied — now may qualify for benefits, say lawyers involved in the case. In all but a handful of states, children receiving SSI also are entitled to Medicaid health insurance.

The new SSI standards were released in February 1991 and test a child's ability to perform activities normal for his or her age, such as skills related to speaking, walking, playing, and dressing. Previously, a child was deemed eligible for benefits only if his or her condition matched one of 182 specifically listed impairments approved for aid.

But despite the Supreme Court finding and SSA's subsequent loosening of eligibility criteria, problems remain, and thousands of children with serious disabilities still are shut out of SSI. Before the final regulations were released, SSA used a set of temporary standards that addressed the main flaws in the old criteria. But while in most states the percentages of applicants approved for benefits increased dramatically after SSA issued the temporary standards, in eight states (Alabama, Arkansas, Colorado, Louisiana, Mississippi, South Carolina, West Virginia, and Wisconsin) the percentages rose little to none. Staff shortages in state SSI handling agencies and lack of guidance from the SSA likely are to blame in the eight problematic states, say the plaintiff's lawyers. Another cause, they say, may be that in many cases, adjudicators determining the extent of applicants' disabilities are not children's health specialists and may not recognize how limiting some health conditions are.

New Federal Youth Service Bill

A new, modest source of federal funds now is available to states to improve young adults' academic achievement, work-related skills, and self-esteem through community service. In October 1990 Congress approved the National and Community Service Act, which for the first time will provide federal matching funds to states for community service projects in schools or colleges as well as similar programs for out-of-school youths.

At least 30 percent of total authorized funding for Title I of the Act — $56 million in FY 1991 and $96 million in FY 1992 — must be used for competitive grants to states to establish and expand youth service and conservation corps. The corps are highly structured programs that boost young people's — mostly school dropouts' — job and academic skills through human service or environmental conservation work in their communities. The new law also authorizes $8 million over the next three years for YouthBuild projects, which tap the skills and energies of economically disadvantaged young adults to build or rehabilitate low-cost housing.

Recommendations

To raise the incomes of poor families with children, comprehensive efforts by federal, state, and local governments as well as the private sector are essential. Improvements must be made in tax assistance, wage enhancement, job training and education, child support, AFDC, and food assistance.

The Federal Government

Congress can take several immediate steps to bolster the incomes of poor families with children:

- Expand food stamp assistance to families with children by providing extra help to those with particularly high housing and heating costs, strengthening incentives to make child support payments, raising basic benefit levels, and making other changes that will assist poor families.
- Increase the federal minimum wage to $4.65 per hour in 1992 and at least $5.00 per

hour in 1993 to reverse the erosion of the real value of the wage floor due to inflation during the 1980s.

- Expand the successful Job Corps to serve more eligible young people, with the goal of increasing the program's capacity by 50 percent by the year 2000.
- Pass amendments to the Job Training Partnership Act to enhance services to youths who face major barriers to employment.
- Provide fiscal incentives to states to raise their AFDC benefits to compensate for dramatic increases in housing costs.

An adequate income base for poor families with children also requires several longer term steps:

- Create a child allowance for families with children by converting the current personal exemption into a refundable tax credit not to exceed $1,500 for each family member younger than 18, with the size of the credit gradually reduced and eventually phased out for upper income families.
- Further increase the Earned Income Credit to provide additional assistance to larger families with children who typically suffer the most severe poverty.
- Improve the child support system by establishing an assured child support benefit that guarantees a basic child support payment for all children not living with both parents.

State Governments

State governments should:

- Establish a refundable state earned income credit (as Vermont and Wisconsin already have) to ensure that low-income working families with children are not required to pay state income taxes and to supplement the low earnings of such families.
- Raise the state minimum wage to ensure that full-time, year-round work yields earnings sufficient to lift at least a small family out of poverty.
- Mount new state-supported youth employment initiatives to expand work and training opportunities for disadvantaged youths, including the creation of youth conservation and service corps and the development of comprehensive alternative education and school-to-work transition programs.
- Allocate sufficient funding and staff to state child support agencies to allow them to provide effective, timely services to their entire caseload, and to implement new child support reforms.
- Raise AFDC benefits to offset dramatic increases in housing costs for low-income families with children, and provide year-round eligibility for two-parent families that qualify for AFDC.
- Budget sufficient state funds to take full advantage of federal employment and training opportunities for welfare families and to shape programs that invest intensively in education, training, and support services for parents.

Local Governments

Local governments should:

- Supplement state income support programs that are inadequate with additional local or county assistance.
- Provide and coordinate emergency services such as soup kitchens, housing shelters, and assistance in finding permanent housing.

- Develop public-private partnerships to organize job opportunities for disadvantaged youths upon completion of high school.
- Establish or expand family support and counseling services and place them in accessible locations. Each community should develop effective outreach efforts to link poor families with available services.
- Provide tutoring, mentoring, and job counseling on an individual basis to help poor families enhance their financial self sufficiency.

The Private Sector

The private sector should:

- Offer employee benefits that help families escape poverty. These include adequate wages, family health insurance that is free or at least affordable for all employees,

New York State's Child Assistance Program

In 1988 New York State launched the Child Assistance Program (CAP), an innovative alternative to AFDC and a modification of a child support assurance model proposed by academics. CAP combines child support and work incentives with other benefits to improve the social and economic well-being of AFDC children and to enhance the family's prospects for self-sufficiency. Having a child support order in place is a prerequisite to program participation. CAP gives families a basic cash grant that is lower than AFDC; however, the program allows parents to keep substantially more of the money they earn through work than AFDC does, so that if a parent has at least $350 in earnings per month, CAP yields a higher total income.

In addition to the financial advantages, CAP families are offered intensive case management to ensure that those with multiple, interrelated needs receive all appropriate services in a timely fashion. "The hope is that by offering this package of benefits we can remove many of the disincentives inherent in the AFDC program that discourage work and cooperation with child support enforcement activities," says CAP program manager Michael Warner.

Still in its demonstration stage, CAP is available in seven counties as an alternative to AFDC for one-parent families. About 1,230 families, 98 percent of whom are female-headed, now are enrolled.

Although it is too early to evaluate the program, there are some early signs of success. Most of the women in the program understand the importance of securing child support, says CAP income maintenance specialist Carolyn Karins. And except in rare instances, she says, parents welcome the chance to boost their incomes through work. In fact, participants who have been in the program for 12 months have increased their earnings by an average of about $150 per month.

The data so far also look promising. As of January 1991 a CAP family earned an average of $650 a month through work. That, plus the CAP grant and food assistance, puts a three-person family's income at approximately 120 percent of the federal poverty level, and 135 percent of poverty if they also get a child care subsidy. By comparison, an average three-person AFDC family in New York has an income equal to 86 percent of the poverty level. Moreover, whereas almost 90 percent of an average New York AFDC and assistance in meeting employees' child care needs.

- Participate in public-private partnerships that offer entry-level job opportunities to disadvantaged youths upon completion of high school.
- Ensure that employees eligible for advance payments of the Earned Income Credit receive them as part of their regular paychecks. Help employees evaluate various benefits, such as the dependent care tax credit, Earned Income Credit, health care tax credit, and cafeteria plans, and help employees decide which should be chosen to maximize family income and benefits.
- Cooperate in child support efforts. Employers are required to assist in the collection of child support through wage withholding. By submitting withheld child support payments regularly and helping states find employees who change jobs to evade their child support obligations, employers can improve the lives of poor children directly.

family's income comes from public support, only slightly more than one-third of an average CAP family's does.

What makes a program like CAP work? The emphasis on child support and work creates public acceptance for the enhanced benefits and the more favorable treatment of custodial parents' earnings. Well-chosen case workers and intensive case management that responds to participants' individual needs also are crucial, says Karins. Program administrators, for their part, must recognize that counselors' caseloads must be kept fairly small for the intensive approach to work. And while small caseloads in projects like CAP may appear to be more costly to administer than traditional welfare programs, they may save money in the long term because the participants are more likely to achieve lasting self-sufficiency.

But by far the most important ingredients for CAP's apparent success so far are the clients themselves, according to Karins. "It's tremendously hard to be a poor, single, working parent. In addition to working and caring for their children, many of these women are also attending classes," she says. "It's their enthusiasm and their hard work that make the program work."

As for challenges, one is that implementing a program like CAP requires extensive staff expertise in federal regulations concerning AFDC, food stamps, child support enforcement, and Medicaid, because many such regulations will apply to participants, says Warner.

Another challenge is convincing the federal and state governments that CAP is worthy of expansion. Until several rigorous impact and cost-effectiveness evaluations are complete, CAP must remain a relatively small project serving only a portion of all families that could benefit from it.

But one serious drawback in a program like CAP is that it will not be available to all who could benefit from it, even if it gets favorable evaluations. Families without child support orders — almost half of all those that should have support in New York — would be left out. Many of these families never will be eligible because they cannot establish paternity or because they are hiding intentionally from absent parents to avoid domestic violence. Also left out would be poor two-parent families, which already are largely shut out of AFDC. So although it has many important advantages, a program like CAP cannot completely replace traditional welfare. For families without child support orders and for poor two-parent families, other creative approaches will be necessary.

Child Care

The social and economic context within which Americans think about child care and early childhood education has changed dramatically in recent decades. First, child care has become basic to the economic health of large numbers of American families as more and more women find it necessary to enter the work force, either because they are the sole support of their family or because economic changes mean their family needs two incomes to pay the bills. Today, more than 6 million children — including more than 2 million younger than three — spend part or all of their day being cared for by someone other than a parent or other relative.

Second, Americans' general understanding of the importance of good child care to children's healthy development is deepening as research provides evidence that the nurturing and stimulation children receive in their earliest years have a powerful influence on their future learning and development.

And finally, Americans are becoming aware that good child care has economic implications for our nation. The consequences of wasting children's potential take on economic as well as moral significance as the proportion of young people in our population shrinks relative to the proportion of elderly citizens. Business leaders and concerned citizens around the country are recognizing that our nation's future will depend on whether we can maintain a young work force that is sufficiently productive to compete successfully in the global economy.[1]

The vital importance of early childhood education to the future of both the individual and the nation was acknowledged in the National Education Goals for the year 2000, developed by the nation's governors and announced by President Bush in 1990. Goal One says that by the end of the century all children in America will start school ready to learn, and the first objective under that goal states, "All disadvantaged and disabled children will have access to high quality and developmentally appropriate preschool programs that help prepare children for school."

Preparing all children to succeed in school is a worthy goal, and one that is essential to the future of our country. To meet this goal, however, the nation must do even more than make sure children have access to good quality preschool programs. We must also reach back beyond preschool to improve the care and education of our youngest children as well. We must ensure that all children who need child care or early childhood education — regardless of their parent's income level — have access to good quality programs that meet children's basic health, safety, and developmental needs.

In 1990 the U.S. Congress took an important step toward realizing these goals for child care and early childhood education by passing comprehensive child care legislation. Through the Child Care and Development Block Grant and the amendments to the Title IV-A of the Social Security Act ("At-Risk" Child Care), Congress will provide new funds to help families with child care costs and to help states improve the quality and supply of child care services. Congress also reauthorized Head Start to allow this highly successful early childhood development program to expand in rapid steps to serve all eligible children by 1994.

These actions will help the nation make progress toward achieving the goals outlined above, but the 1990 legislation is only a beginning toward building a strong child care system that serves all families.

Trends in Work and Child Care

Parents in the Work Force

Radical changes have occurred in America's family and work life in the past two decades as women with children have entered the work force in large numbers. Between 1970 and 1988, the proportion of all women with children younger than 18 who were in the labor force rose from 40 to 65 percent. And between 1976 and 1987, the labor force participation rates of mothers of infants (age one or younger) rose from 31 percent to 51 percent. In 1988, 10.2 million children younger than six and 16.1 million children between the ages of six and 13 had mothers who worked outside the home.

More employed mothers means more demand for child care, and both trends are expected to continue. Researchers estimate that by 1995, 14.6 million, or two-thirds of all preschool children, and 34.4 million, or more than three-quarters of school-age children, will have mothers in the work force.

Most mothers work because they must. About one-quarter of today's employed mothers are the primary wage earners for their children. And one-parent families are very likely to have low incomes: In 1987, for example, half of all female-headed families with children had incomes below $10,000.

Many two-parent families need two salaries to afford the basic necessities. Between 1973 and 1989 the median wages of hourly workers adjusted for inflation fell by 29 percent among men younger than 25 and by 19 percent among men age 25 and older. Some families were able to cushion the dramatic drop in average earnings by adding a second paycheck. Despite the best efforts of parents in both two- and one-parent families, however, many young families continue to struggle. In 1987 half of all young families with children headed by a parent younger than 30 had incomes below $18,500.

Child Care Arrangements

In 1987 slightly less than half (46 percent) of children younger than five with employed mothers were cared for by relatives, and another 6 percent were cared for by an in-home caregiver or babysitter. Twenty-two percent were cared for in family day care homes, and 25 percent were cared for in nursery schools, preschools, and other organized child care facilities (see chart).

In 1984 at least 2 million children between the ages of five and 13 were reported to care for themselves after school, although the actual number of children unsupervised by adults may be even larger because many parents find it difficult to admit that they are leaving their children alone. Local studies point to much higher proportions of children caring for themselves. For example, in a survey of six rural communities conducted by the University of Wisconsin-Madison, parents reported that, by the third grade, one child in 10 cared for himself or herself some days after school, and four in 10 children were cared for by older siblings. Mounting evidence suggests that self-care among school-age children has significant costs to the children, which take the form of increased fearfulness and loneliness, heightened vulnerability to peer pressure, and greater likelihood of substance abuse.

The Quality of Care

The quality of child care not only determines the nature of children's daily experience — whether they are safe and happy — but also has long-lasting effects on their future development. Studies show that children who have had good child care are less likely to have behavior problems and are more likely to develop good social and academic skills.

There is widespread agreement among professional organizations, academic experts, and parents on the essential components of good quality child care. They include:

- A nurturing, trained, and stable staff that has time to interact with the children and with whom the children can develop positive attachments.

CHILD CARE FACTS AT A GLANCE

Children with Employed Mothers

Total number of children younger than six living with their parents in 1988:	19.9 million
Total number of children younger than six with mothers in the labor force in 1988:	10.2 million
Proportion of children younger than six with mothers in the labor force:	
in 1970:	29 percent
in 1988:	51 percent
Projected number of children whose mothers will be in the work force by 1995:	
of children younger than six:	14.6 million
of children ages six to 17:	34.4 million

Source: Bureau of the Census. Projections from Hofferth and Phillips, "Child Care in the United States, 1970-1995," *Journal of Marriage and Family*, Aug. 1987.

- Good health, nutrition, and safety practices.
- An appropriate and safe physical environment.
- Developmentally appropriate activities.
- Parental involvement and access.
- Cultural sensitivity.

While the positive effects of good child care are important for all children, they are absolutely critical for poor children. Research confirms that high quality child care can help compensate for the variety of deprivations children suffer when they grow up in poverty. Unfortunately, low-income children are the least likely to receive quality care.

Building a Quality Child Care System

Individual parents and providers often can and do work together to create good quality care for a specific group of children, especially when parents can afford to pay the cost of such care. But only a child care *system* — with an infrastructure that develops, supports, and enforces quality — can ensure that all children benefit from good care, wherever they live and whatever their parents' background and income. In the absence of significant federal action in recent decades, states have held primary responsibility for protecting and fostering the development of children in child care. As shown in the recent Children's Defense Fund study *Who Knows How Safe: The Status of State Efforts To Ensure Quality Child Care*, however, the vigor with which states have carried out these responsibilities has varied.

State regulation and enforcement: Even the most stringent child care standards cannot ensure good quality care when they are selectively applied. Today, an estimated 43 percent of all children in out-of-home child care are unprotected by state regulation, often because the places where they receive care are exempt from even minimal health and safety standards. Although states typically regulate programs that receive public funds, there are enormous gaps in regulation of other programs.

CHILD CARE ARRANGEMENTS

Primary Child Care Arrangements for Children Younger than Five, 1987

Provided by	Mothers working	Mothers working full-time
Relatives	46%	39%
Non-relative in child's home	6%	6%
Family day care homes	22%	25%
Child care centers or preschools	25%	30%

Source: Bureau of the Census

Many family day care homes fall into one of these gaps. The majority of the nearly 3 million children in family day care are cared for in homes serving fewer than six children. Nonetheless, 22 states exempt from state regulation and inspection family day care programs that serve five or fewer unrelated children.

Exemptions based on the number of children served can provide loopholes for even the most unacceptable providers. In Virginia, for example, which does not regulate homes caring for fewer than six children, the state denied a license in 1988 to a home provider after learning that the Child Protective Services Central Registry had three "founded" complaints against her for child abuse. However, the provider continued operating by simply reducing the number of children in care from six to five, thereby removing herself from state jurisdiction.

Requirements for regulated programs: States also set basic standards that regulated programs must meet in order to operate legally. If enforced, good standards establish a baseline of quality assurance that protects children's basic health, safety, and development. Yet many states have child care standards that are too low to provide this assurance. For example:

- Although the measles epidemic that is sweeping the country is especially prevalent among preschool children, 13 states do not require children in licensed or registered family day care homes to be immunized against preventable childhood diseases such as measles, polio, rubella, DPT, or mumps.
- Twenty-nine states do not guarantee parents the right to visit their child's family day care home unannounced while the program is in operation, and 19 states do not give parents the right to visit their youngster's child care center unannounced.
- Nineteen states allow child care centers to operate with five or more infants per adult, with some states allowing caregivers to care for as many as eight or 12 infants. Thirteen states allow a single family day care provider to care for five or more infants and toddlers. Child development experts recommend ratios of no more than three or four infants per caregiver.
- Thirty-five states require no training whatsoever for staff in family day care homes, and 32 states do not require specific levels of formal training for teachers hired in child care centers.

The Effects of Poor Quality Care

Like all types of child care, center-based care varies in quality. When it is of good quality, children thrive; when it is not, it has undesirable effects on children's development.

As part of the 1989 National Child Care Staffing Study by The Child Care Employee Project, researchers took a close look at child care centers in Atlanta, Georgia, hoping to learn more about the relationship between standards and children's development.

In Georgia, child care standards are among the weakest in the country, and the researchers found that many child care centers in Atlanta reflected that fact. Children in the Atlanta centers were likely to spend much of their time wandering aimlessly, with teachers and children interacting infrequently. Preschoolers, for example, were ignored during 79 percent of the observation periods; infants 61 percent of the time.

When tested, the children in Atlanta centers generally scored below average in language and cognition. Fewer than one in 10 preschoolers were capable of engaging in play involving complex social pretending situations, an activity that nearly all preschoolers should — and need to — master in order to develop fully. The children who had more interactive and sensitive teachers showed higher levels of development than other children, underscoring the need for states to ensure good quality care.

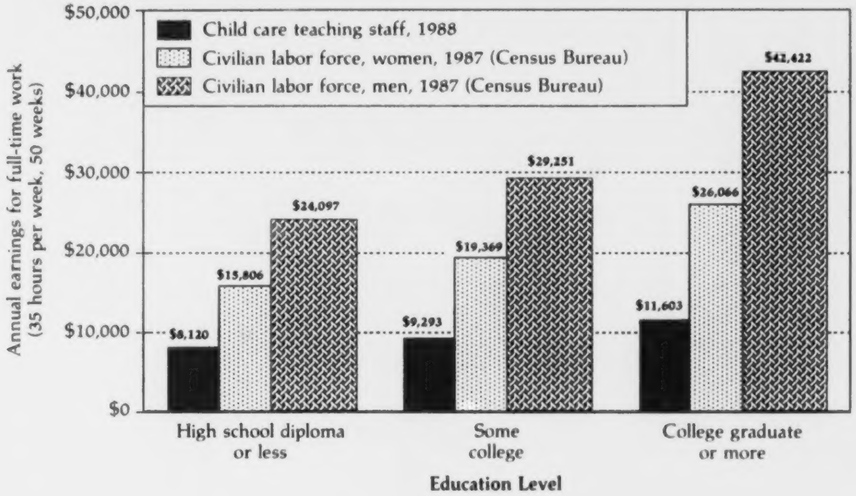
Monitoring and enforcement: Regular inspections of child care settings, swift responses to complaints, and effective enforcement procedures all are necessary to protect children adequately and make sure that child care providers comply with state regulations. Yet the CDF study found that many states have not invested enough resources in child care enforcement to do the job. Licensing officials in 18 states said the lack of enforcement staff made it difficult, even impossible, to monitor and protect children in child care. And according to a recent national study by the U.S. Department of Health and Human Services (HHS), caseloads for state licensing inspectors who inspect child care centers are almost twice recommended levels. The HHS study also revealed that fewer than half of all licensed or registered family day care homes were inspected in 1988.

Helping providers and parents improve quality: Many child care providers are hampered in their efforts to improve the quality of their programs because they lack resources. For example, to help staff members pay for professional training or to improve staff salaries — two actions that can have a tremendously positive effect on quality — providers generally have to raise the fees they charge parents. Yet many providers are reluctant to charge parents more because they know they would lose children whose parents already are stretching their budgets to the limit.

The shamefully low salaries of child care workers is a critical issue in the child care industry. In 1987 more than half of child care workers earned less than $5 per hour — much less than the wages of other workers with comparable education levels (see chart). Low salaries, lack of benefits, and stressful working conditions cause child care workers to leave their jobs in ever-higher numbers. Between 1977 and 1987, the annual turnover rate rose from 15 percent to 41 percent. Nonetheless, in 1989 only eight states had undertaken activities that focused directly on improving salaries. Another eight states were attempting to improve salaries indirectly by increasing the reimbursement rates for providers of state-subsidized child care.

INADEQUATE WAGES

Annual Wages of Child Care Teachers Compared with Wages in the Civilian Labor Force, by Education Level



Source: The National Child Care Staffing Study, Child Care Employee Project, *Who Cares? Child Care Teachers and the Quality of Care in America*, Oakland, CA 1989.

The Cost of Child Care

Child care puts a large dent in the budgets of low- and moderate-income families. Even so, many families still are unable to purchase satisfactory care. According to a Gallup poll taken in August 1989, only 28 percent of parents feel satisfied with the available child care.

Infant and toddler care costs more than care for preschoolers, and center-based care often costs more than family day care. Rates also vary widely around the country. In 1990, for example, a survey of selected cities revealed that the average annual cost for an infant in a licensed child care center ranged from almost $4,000 in Dallas, Texas, to almost $11,000 per year in Boston, Massachusetts. In Dallas, a single mother who works full time at the minimum wage would have to spend almost half her income to pay for infant child care.

Parents cannot assume, however, that just because they pay a hefty child care bill each week their children are receiving the attention and stimulation they need. In 1990, for example, authorities in Maryland found 54 children being cared for in an unlicensed family day care home that charged parents between $40 and $60 a week ($2,100 to $3,100 per year). A lone teenager was watching the children while the woman who ran the family day care home was out shopping. The children included 13 infants, nine of whom were strapped in car seats.

The terrible risks to children are only part of the costs of a child care system that cannot offer decent, affordable care to all children who need it. Many parents go through each work day distracted by fears their children aren't well cared for. Often

CHILD CARE COSTS

Average Fees Charged in Licensed Child Care Centers, by Age Group, in Selected Cities, 1990

	Oakland CA	Boulder CO	Dallas TX	Orlando FL
Average annual cost of child care for a one-year-old child	$5,772	$6,604	$3,900	$4,212
Percent of income low-income parents would have to pay for average child care for their one-year-old child if they were:				
Single parent working full time at the minimum wage	67.9%	77.7%	45.9%	49.6%
Two parents working full time at the minimum wage	34.0%	38.8%	22.9%	24.8%
Average annual cost of child care for a four-year-old child	$4,836	$4,472	$3,380	$3,120
Percent of income low-income parents would have to pay for average child care for their four-year-old child if they were:				
Single parent working full time at the minimum wage	56.9%	52.6%	39.8%	36.7%
Two parents working full time at the minimum wage	28.4%	26.3%	19.9%	18.4%

Source: Data analyzed by the Children's Defense Fund. Average cost data collected from various Resource and Referral agencies, and reported in the April 1990 edition of *Child Care Information Exchange.*

parents must miss work because of problems with child care arrangements or because their child is ill. When University of Wisconsin researchers surveyed about 1,800 families in Fond du Lac, they found that almost one-quarter of single parents and 16 percent of married parents said that lack of good child care prevented them or their spouse from working as many hours as they would like.

The scarcity of affordable child care also deters employment and job training — often for parents who need them most. A 1982 study by the Census Bureau found that more than 25 percent of mothers who had preschool-age children but were not in the labor force said they would look for work if they could find satisfactory child care at a reasonable cost.

Sources of Assistance to Help Families Pay for Child Care

General state-subsidized child care programs: Most states have at least one program — and some have several — through which they help cover some of the costs of child care for a targeted group of low-income parents. A 1989 survey by the

National Governors' Association found that state funds for subsidized child care ranged from $171,000 in Nevada to almost $370 million in California. Some states limit their funds to a very small group of families (for example, families in which the child is in danger of abuse or neglect) while other states offer assistance to a broader group of families.

States may draw on several federal funding sources for these programs. Until recently, the largest source of federal funds for subsidized child care has been the federal Social Services Block Grant (SSBG, also known as Title XX). The SSBG was funded at $2.8 billion in FY 1991, but it is not possible to determine what proportion of these funds was used for child care, because the states may use the grant to support a range of social services. The amount of the SSBG in 1991, however, was only 45 percent of its FY 1977 value in inflation-adjusted dollars.

The groundbreaking federal programs Congress approved and funded for FY 1991 — the Child Care and Development Block Grant and the "At-Risk" Child Care Program — will give the states new money to help low-income families pay for child care (see page 46).

Head Start

Since 1965 Head Start has provided comprehensive services including health, education, social services, and parent involvement to more than 11 million poor children and their families. Head Start served more than 548,000 children in 1990, about 27 percent of eligible children. Almost 36 percent of Head Start staff are parents of current or former Head Start children.

More than 90 percent of all Head Start families live below the poverty line. One of the program's most unique and important characteristics is that it helps children and families receive a variety of services. In 1985-1986, for example, 95 percent of Head Start families received social services from Head Start and through referrals to other agencies. Furthermore, 98 percent of children enrolled 90 days or more received medical exams and necessary medical treatment, 96 percent completed dental exams and received necessary treatment, and 98 percent completed all required immunizations. The program reserves 10 percent of its enrollment for low-income children with disabilities, and in 1989 about 14 percent of Head Start students nationwide had physical, emotional, or mental disabilities.

During the 1980s, the politically popular Head Start program was pressed to expand enrollments, although its appropriations were not large enough to allow operating costs (such as staff salaries, training, transportation, and other program improvements) to keep pace with inflation and greater enrollments. Thus the amount per child that Head Start spent in 1990 was less in real dollars than it was in 1977. As a result, Head Start had increasing difficulties recruiting and retaining teachers and staff who help provide comprehensive services. Funds for staff training diminished, and staff workloads increased.

The social context in which Head Start operated changed during the 1980s, intensifying the needs of poor children. Increased rates of family poverty, homelessness, and substance abuse, and increasing numbers of families headed by young, single mothers posed new challenges for Head Start. In 1989-1990, more than 75 percent of Head Start families had annual

The JOBS program: The Family Support Act of 1988 requires every state to develop a Job Opportunity and Basic Skills (JOBS) program to provide recipients of Aid to Families with Dependent Children (AFDC) with the education, training, or employment experience they need to become economically self-sufficient. Participants in the program are guaranteed subsidized child care while they are enrolled in JOBS and for 12 months after their welfare case is closed as a result of increased earnings.

Head Start: This early childhood development program for low-income families offers part-day early childhood development services as well as other social services to a portion of eligible children and their families in every state (see box). Twelve states currently supplement Head Start in addition to, or instead of, investing in state-funded preschool.

State preschool programs: By 1990, 30 states had developed preschool programs, although most states only provide part-day services. Furthermore, as of 1989 only four states offered the comprehensive services that make Head Start uniquely effective in serving the needs of poor children and their families.

incomes of less than $9,000, and more than half were headed by single mothers. Yet the funding shortages that threatened the quality of the existing program also hampered Head Start's ability to respond to these new challenges.

One of the changes that Head Start was unable to respond to was the growing need for all-day, year-round programs, as more and more Head Start mothers joined the work force. For lack of expansion funds, most Head Start programs continued to operate on a part-day schedule and to close during the summer months.

In 1990 Congress recognized the program's unique effectiveness by authorizing for the first time a series of funding increases which, if appropriated, will allow all eligible three- and four-year-olds and 30 percent of eligible five-year-olds to participate by 1994. The Head Start appropriation for FY 1991 is $1.95 billion, but could climb to $7.66 billion by FY 1994.

Just as important, Congress committed itself to maintaining the quality of the program through several different strategies. First, 2 percent of each Head Start annual appropriation for the next four years was earmarked for training. In addition, Congress earmarked funds for quality improvements. At least half of the funds for quality must be spent to enhance salaries, and the remaining half is set aside for transportation, additional staff, insurance, facility improvements, and training. Each classroom will be required to have at least one teacher with a Child Development Associate credential or other appropriate early childhood credential by 1994.

Congress acknowledged the new challenges Head Start faces by setting aside money for at least one Parent-Child Center in each state to serve infants and toddlers ($30 million in FY 1991), and earmarking money for new transition projects to continue Head Start's comprehensive services for children after they enter school ($20 million in FY 1991). The reauthorization makes it clear that Head Start grantees may provide full-day, full-year services.

The Supply of Child Care

Because most families that need it find some kind of child care — even though it may be informal, temporary, or unsatisfactory — it is difficult to quantify the overall shortfall in good quality child care. Anecdotal evidence and public opinion polls make it clear, however, that many parents are frustrated about the supply of affordable, good quality child care. In 1990, for example, when the Work and Family Institute polled mothers whose children were in child care centers, more than half said they would have chosen another program had one been available.

Some types of care are in particularly short supply — among them are care for infants, school-age children, and children with special needs.

Infant care: The United States is one of very few industrialized countries that does not have a parental leave policy allowing parents to stay home with a newborn for a period of time without jeopardizing their job or income. Consequently, many women are forced to return to work shortly after the birth of a child.

Because infant care is more costly and time-consuming to provide than care for older children, it is generally in short supply. In a 1989 poll of parents of young children, only one in four said there was a sufficient supply of child care for infants in their communities. In New York City, for example, licensed child care could serve only 6 percent of children age two and younger who needed care in 1987. In Connecticut less than one-third of the licensed child care centers and group day care homes accepted infants in 1990.

School-age child care: Before- and after-school care also is scarce in many communities. A poll in Washington, D.C., for example, showed that one in every seven children between the ages of eight and 13 generally was left to care for himself or herself after school for at least part of the day, and that some children as young as six and seven were left on their own regularly.

In recent years a number of innovative school-age child care initiatives have been developed that provide models for action. One example is the A+ program in Hawaii, the nation's first statewide effort to provide low-cost child care for school-age children (see page 50). Another is the L.A.'s Best (Better Educated Students for Tomorrow) program, launched in 1988 to serve young children living in low-income, gang-infested neighborhoods within the Los Angeles Unified School District. The free program now operates at 19 elementary school sites.

Care for children with special needs: Parents whose children have special needs have trouble finding child care providers willing to accept their children. What's more, it often costs more than other kinds of child care because it can require higher staff-to-child ratios, additional training for providers, and sometimes special equipment or facilities.

Child Care and Development Block Grant

The Child Care and Development Block Grant will help states expand and improve child care services for all children and families. The legislation authorizes $2.5 billion for the states over the next three years, and $731.9 million has been appropriated for FY 1991. Each state will receive funds according to a formula; no state match is required.

Direct assistance: States are required to use three-quarters of the grant to help eligible families pay for care or for activities to increase the availability and quality of care. States may apportion funds between direct services and other activities as needed, although the intent of Congress is that the bulk of the funds be used to help families pay for child care. States must offer eligible parents certificates (vouchers) and contracts to help pay for the child care of their choice.

Quality and accessibility improvements: Twenty-five percent of the federal Block Grant is reserved for quality improvements, early childhood education, and school-age child care programs. States must use no less than one-fifth of the reserved funds for quality improvement activities, including: grants or loans to help providers meet state or local standards, support for resource and referral programs, activities to improve enforcement of state standards and licensing requirements, training and technical assistance, and improvement of salaries for child care workers funded by the act. States must use no less than three-quarters of the reserved funds for early childhood development and before- and after-school care.

Standards and parental rights: All providers must be licensed, regulated, or registered to receive Block Grant funds. Every state must also have health and safety standards in selected areas, and all providers receiving Block Grant funds must meet these standards. At a minimum, states must establish standards in the areas of prevention and control of infectious diseases (including immunizations), building and physical premises safety requirements, and minimal health and safety training for providers.

Parents whose children are in care subsidized by the Block Grant must have unlimited access to the child care program that they use during the normal hours of operation. States must establish parental complaint procedures, maintain records of substantiated complaints, and provide general consumer information.

"At-Risk" Child Care
(Amendments to Title IV-A of the Social Security Act)

In addition to the Child Care and Development Block Grant, a total of $300 million a year for each of the next five years will be available to states through an expansion of Title IV-A of the Social Security Act. The expansion provides funds for families at risk of becoming welfare-dependent that need child care to work. These funds are authorized as a capped entitlement and therefore will not require an annual appropriation by Congress. States must, however, match these funds.

States may provide care directly, use contracts or vouchers, reimburse the family, or use other arrangements. Sliding fee scales must be used. All providers must be licensed, regulated, or registered by the state unless the provider is a family member caring solely for children in the family.

Starting in FY 1992, $50 million annually is authorized to help states improve licensing and registration requirements and to monitor and enforce licensing requirements for programs serving children under this legislation. Congress appropriated $13 million for this purpose for FY 1991; funds for subsequent years will have to be appropriated. States must use half of the total amount for training.

Implementing the New Federal Child Care Legislation

Every state must plan carefully before implementing the 1990 legislation. To use the new Block Grant and Title IV-A money to build a stronger child care system, each state should:

- Form a broad-based advisory group that enables advocates, parents, providers, and others concerned with child care and early childhood development to help develop the state plan required under the Block Grant.
- Select an appropriate lead agency to locate and coordinate as many different programs as possible. Some states may wish to establish a new agency with a single focus on child care or children to administer the Block Grant and other federal and state child care programs.

Business Efforts

The business community has taken some steps to strengthen the child care system in recent years. For example, the Maine Department of Human Services and a large corporation, Coastal Enterprises, Inc., joined forces to create the Child Care Development Project. The project enlisted numerous funding sources to establish a revolving loan fund to create, expand, and improve child care centers and family day care programs. The fund targets much of its assistance to programs that serve low-income children or hire low-income adults. The project also provides training in business management for child care providers. By January 1990 more than 700 child care spaces had been either enhanced or created through project loans. One-third of the spaces serve children of low-income parents.

The Dayton Hudson Foundation and the Target and Mervyn's department stores have directed their child care efforts to strengthening the quality of family child care around the country. The Family-to-Family initiative, to which the foundation and the stores have allocated a total of $8 million over four years, is funding local organizations in 17 communities. These organizations are setting up programs to work on developing national quality standards for family child care and national accreditation for providers, to recruit and train providers, and to implement consumer education programs about good quality child care. The Ford Foundation has committed $600,000 to family child care training in two Family-to-Family communities in Oregon and Michigan.

- Monitor compliance with the requirement that new federal Block Grant funds be used to supplement, not supplant, state and local child care funds, and ensure that states provide the matching funds necessary to qualify for federal funds under the new At-Risk Child Care program (Title IV-A Amendments).
- Promote common policies and practices in all programs and develop mechanisms for interagency collaboration. For example, agencies can establish common intake mechanisms, common sliding fee scales, and common reimbursement rates for providers.
- Apply the basic protections mandated under the Block Grant to all children in licensed or regulated care, and set aside more than the required 5 percent of Block Grant funds to strengthen the quality of child care.
- Create a statewide resource and referral agency that serves all families, if one does not already exist. Conduct targeted outreach to inform low-income families about the availability of child care assistance.
- Use the preponderance of Block Grant funds to help families pay for child care, and select payment mechanisms and reimbursement rates that promote a stable supply of quality child care.
- Establish sliding fee scales that are fair and realistic and allow low-income families to continue receiving adjusted assistance as their income increases.

Recommendations

Seeing that their children are safe and well cared for is the primary responsibility of parents. But a number of partners must work together to improve the child care system and ensure that child care meets the needs of children and their parents.

The Federal Government

Congress should:

- Appropriate $825 million to fund the Child Care and Development Block Grant for FY 1992. This represents a $93 million increase above the FY 1991 appropriation.
- Appropriate $4.3 billion for Head Start for FY 1992 as the next step toward fulfilling the congressional goal of full funding for Head Start by FY 1994. This represents a $2.3 billion increase above the FY 1991 appropriation.
- Amend the Family Support Act to ensure that AFDC families have access to high quality child care. Congress also should appropriate the $50 million authorized to help states improve the quality of child care.
- Pass the Family and Medical Leave Act, which ensures working parents unpaid job-protected leave in times of family emergency, including the birth or adoption of a child.

State Governments

Each state should:

- Carefully implement the two new federal child care programs — the Child Care and Development Block Grant and the Title IV-A Amendments, or so-called "At-Risk" Child Care (see page 47).
- Ensure that new federal child care funds not be used to supplant existing state child care investments and consider supplementing these federal funds with additional state money. Since no federal program will be able to reach all families that need assistance, states must continue to assist low- and moderate-income families in paying for child care.
- Supplement Head Start or support state-initiated programs that provide comprehensive services to preschool children and operate full days throughout the year.
- Put into place strong health and safety standards that are monitored carefully regardless of the sponsor of the child care program or the numbers of children served.
- Make sure all programs comply with state regulations by investing the necessary resources in monitoring and enforcement efforts.
- Adopt standards and policies that ensure quality care. These include standards that keep group sizes and child-to-staff ratios low and ensure an adequate and stable supply of trained early childhood teachers and administrators. They also include policies that promote the active involvement of parents.
- Increase the amount of good quality child care by establishing state grants and revolving loan funds to cover start-up and expansion costs and quality improvements, as well as recruitment and training efforts for new child care providers. These efforts should be targeted to those areas and communities in greatest need of financial assistance.
- Expand the supply of trained child care workers by establishing scholarships and loan forgiveness programs for individuals seeking early childhood development credentials. Significantly improve the quality and supply of training opportunities.
- Implement the child care provisions of the Family Support Act in a manner that ensures that families are offered high quality child care. Effective implementation should include adequate rates and payment mechanisms, meaningful standards, and child care counseling services.

Local Government

Each local government should:

- Allocate local funds to supplement federal and state efforts to help low-income families pay for child care and improve the quality and expand the supply of child care.

- Ensure that building codes and zoning practices do not set up unnecessary barriers to the establishment and operation of child care centers and family day care homes.
- Work with schools to encourage development of before- and after-school programs, child care programs located in high schools and junior high schools for children of adolescent parents, and child care for preschool children.
- Study and implement strategies that increase funds available to providers, such as maximizing use of the federal Child Care Food Program, coordinating access to health benefit packages for child care staff and liability insurance, and providing small business management assistance.

Hawaii's A+ Program

In 1990 Hawaii took the bold step of offering the nation's first statewide after-school child care program. The Hawaii After-School Plus (A+) Program provides low-cost after-school care to children in every school district in the state. Hawaii's commitment to meeting the growing needs of children and working families serves as a model for other state and local governments.

The program got under way in February 1990, after only five months of planning, and immediately families began to take advantage of the services. Currently, the A+ Program provides after-school care from 2 until 5:30 p.m. to 22,500 public elementary school children (K through 6th grade). It does not, however, operate during school holidays or the summer months. In 1990-1991, the state invested $15.6 million in the program.

One of the most remarkable features of the program is its accessibility to all families — regardless of income — in which both parents (or one parent in single-parent families) work or attend a training program. Poor families are served free; all others pay a flat fee of just $25 per month. As State Assistant Superintendent for the Office of Public Instruction Herman Aizawa says, "The legislature was clear that after-school care should be an essential service, and you don't ask citizens to pay for essential services."

Parents' response to the program has been enthusiastic, and the demand for services has far exceeded the expectations of both policy makers and child advocates. Aizawa reports that many more special education students enrolled in A+ than had been predicted, and the state is adjusting the staff-to-child ratios as necessary.

During its first semester, about 90 percent of the site administrators were principals or teachers, and the great majority of A+ staff were teachers from the schools. Parents, community residents, and students also were hired as aides. Although the services are provided in the schools and are not required to meet normal child care licensing requirements, state licensing standards were used as a guide in designing the program.

Planners of the statewide A+ curriculum tried to make the after-school program clearly distinct from the regular school day, offering a comparatively informal setting in which children may choose from a wide variety of activities. Students are encouraged to complete homework, as well as participate in "free play," art, drama, sports, and many other activities.

- Undertake consumer education campaigns to alert parents and providers to the importance of good quality care and the availability of community resources.

Community groups and religious organizations should:

- Consider sponsoring new child care programs to alleviate shortages of child care in their communities.
- Launch recruitment campaigns to expand the supply of family day care programs and offer appropriate training for family day care providers.
- Recognize and publicize the contributions of child care staff in promoting the full and healthy development of children.
- Initiate and support efforts to improve the quality of care. For example, groups can sponsor training activities, help programs make quality improvements, collect materials and equipment for programs serving low-income children, and create toy and equipment lending systems.

Early Rough Spots

As in any program of this size and scope, difficulties arose during implementation. Program administrators, child advocates, and private after-school providers agree that many of these hitches might have been avoided or minimized if more time had been taken to plan the program and involve local experts. The program development of A+ occurred largely at the Department of Education, leaving local educators and private providers of school-age child care excluded from the process.

Since school principals were not closely involved in the planning, some were not entirely happy about being drafted into the child care business. Although A+ jobs gave teachers and principals a chance to earn extra income if they wanted it, some principals resented being saddled with the extra administrative work the program created for them even when they chose not to be the site administrators.

Another difficulty has been the effect on the private child care sector that had been providing after-school care. Initially, private providers were not given the opportunity to contract with the state to run A+ programs. And furthermore, because the A+ flat fee is significantly lower than the fees charged by the private sector, many providers lost students, and some went out of business. These difficulties were remedied for some providers when the department began contracting with private providers to run A+ programs at the schools. In the 1990-1991 school year, private providers run A+ at about 30 sites.

Like many child care programs, A+ had some difficulty recruiting and retaining enough qualified staff in the first year. Policy makers had assumed that many retired teachers would be interested in the A+ jobs, but their interest was not as great as expected. As a result A+ had to recruit staff primarily from among current teachers. Although staff members were paid significantly higher wages than other child care workers, some teachers who already worked long days were not enthusiastic about the added responsibility. To ease the workload, the Department of Education has encouraged teachers and principals to develop job-sharing arrangements.

Despite these early rough spots, most private providers, school personnel, policy makers, and the general public support the initiative. They agree that the goal of providing affordable after-school care for all children is worth collaboration, cooperation, and compromise.

Private Sector

Recognizing that today's children are their future employees, businesses should:

- Allocate funds to help pay the costs of child care for low-income employees and establish scholarship funds through community resource and referral programs for other low-income families in their communities.
- Whenever possible, establish new child care facilities on-site or at nearby locations. These programs should receive enough financial assistance so they are affordable for all employees.
- Assist families in finding child care by creating or supporting a resource and referral program.

Volunteers Make a Difference

The National Family Day Care Project of the National Council of Jewish Women (NCJW) illustrates the unique contributions volunteer organizations can make toward improving the quality and supply of child care in their communities. Because volunteer groups such as NCJW are not self-interested, they are particularly effective in drawing together various community interests and organizations to address unmet child care needs.

This is the goal of NCJW's National Family Day Care Project, which aims to build partnerships between NCJW sections and other community groups to increase the quality, supply, and visibility of family day care in local communities. Thirty NCJW sections in 20 states are undertaking a variety of projects during the four-year initiative. The projects fall into four categories: efforts to organize provider recruitment and orientation activities, efforts to develop resources to help providers deliver quality care and run a small business, efforts to educate the public about family day care, and advocacy to ensure that zoning laws do not inhibit the supply of family day care homes.

The National Family Day Care Project is expected to result in some 700 new family day care homes and 3,000 new spaces for children. To ensure long-term support and resources for family day care providers, each local section has incorporated two fundamental steps into the planning process, says Pat Ward, director of the National Family Day Care Project. First, each NCJW group completed a survey to identify the needs of family day care providers in their communities before designing a project. And second, each NCJW section established a partnership or coalition of community organizations to combine resources and share responsibility for the project.

For example, the Miami section of NCJW identified isolation and lack of resources as major problems for the large number of low-income family day care providers in the area. The section approached the Junior League, Kiwanis Clubs, and the Dade County Department of Human Resources with its idea of bringing expertise and resources to the providers' doorsteps in a mobile resource van staffed by an early childhood specialist and equipped with educational materials and toys.

The Junior League was a natural partner in the project because the two organizations already had worked together on other projects. And the county recognized the need for a mobile resource van simply because its child care resource room sat empty. Providers couldn't use it during the day when they were caring for children.

- Contribute to the quality and availability of child care in the community by supporting family day care recruitment campaigns, child care loan funds, and training programs for child care providers.
- Adopt flexible personnel policies that support families. These should include paid parental leave, flexible work hours, job sharing, and sick leave policies that reflect parents' need to care for sick children.
- Help Head Start programs expand their services by donating buildings, providing technical assistance, and making other contributions.

The Kiwanis Clubs agreed to participate, even though they were new partners for NCJW and new actors in the child care arena. The clubs got very involved and raised a lot of money for the project, showing how helpful it can be to involve nontraditional partners in child care efforts. Whoever the partners in a joint effort may be, they should create a written agreement, spelling out the goals, each partner's responsibilities, and monetary commitment, says Nan Rich, chair of the Miami section's Family Day Care Project and NCJW national vice president.

The Miami collaboration went smoothly. An independent not-for-profit entity, Resourcemobile Inc., was created with members of the three founding organizations on its board. The partners raised more than $65,000 in grants and in-kind services. A member of the Junior League with experience as a child care provider designed the inside of the van to resemble a child care center, and the county selected an excellent early education specialist to staff the van. It took a year and a half of hard work before the van was ready to go out in the field. When the van was finished, the organization held a workshop for providers so they could see it and sign up for visits.

Since the van cannot make more than 60 visits each month, the partners had to decide who it should serve and how often. They decided to focus on a small group of providers and offer a quality service by visiting them regularly. The partners selected providers in the poorest neighborhoods who serve black and Latino children and are not affiliated with any larger agency or organization — those with the least resources and support.

The van is scheduled to visit three to four licensed family day care homes a day, and to return to each home about every six weeks, serving a total of about 55 providers. The van's purpose is to relieve the providers' isolation and provide them with training and new ideas for appropriate activities for the children, and to offer learning opportunities and an outing for the children. Another goal is to give unlicensed providers an incentive to become licensed.

Finally, the partners hope that Resourcemobile Inc. ultimately will lead to the creation of an association of family day care providers that will take over the resource unit and its provider newsletter and help consolidate local family day care advocacy. Says Rich, "We want to learn from each other and share resources, since resources are very thin."

Health

All American children should be able to enjoy access to good health care. A country that spends more per capita on personal health care than any other country, and perhaps leads the world in medical technology, has no acceptable excuse for an infant mortality rate that ranked twentieth in the world in 1989. There is no excuse for the more than 200,000 babies who were born that year to mothers who did not receive timely, adequate prenatal care. Or for the more than 18,000 mostly preventable measles cases reported in 1989 — a more than 800 percent increase since 1983 — and the massive leap to 25,000 cases during 1990. Nor is there an excuse for the millions of children who cannot be sure they will receive health care if they get sick because their uninsured families cannot afford it.

The nation is not making significant progress in improving child health. After moving steadily forward in the 1970s, progress on most key child health indicators slowed or stopped during the 1980s. In such areas as the percentage of babies born at low birthweight, pregnant women's use of prenatal care, and the proportion of infants and preschool children immunized against preventable disease, the nation has slipped dangerously backward.

To propel the nation toward meeting its obligations to improve children's health, the U.S. Surgeon General in 1979 set a series of national health goals to be met by 1990. Many of these achievable goals have not been met. In 1990 new health goals were announced for the year 2000. Many were either identical to the modest 1990 goals or calculated on the basis of the very limited rates of progress made during the 1980s. These year 2000 goals themselves underscore the past decade's sluggish progress in maternal and child health.

Access to health care for all citizens is basic to any civilized society and particularly fundamental when it comes to children. Children are every nation's most important resource. More than 70 countries, from the richest to the poorest, reaffirmed the supreme importance of healthy children during the 1990 United Nations world summit on children. Yet in the United States, the guarantee of basic health care for all children still is a dream deferred, and the burdens of illness, disability, and death fall disproportionately on the nation's poorest children. Unless we reverse current patterns, countless children will be lost to preventable death and disability.

Investing in children's health also saves money. In a nation with skyrocketing health expenses, denying preventive health care to children is particularly costly. Every time a pregnant woman goes without prenatal care or food supplements, and every time a family is forced to skip immunizations, routine health exams, or timely medical care for a child with a treatable disability, the nation is put at risk of future rehabilitative or emergency care costs. Every dollar spent on prenatal care saves more than $3 in the child's first year of life alone by reducing the need for costly remedial care. Every dollar spent to immunize a child saves more than $10 by reducing childhood illness and death from disease. Every dollar spent to give food supplements to a pregnant woman enrolled in Medicaid saves $2 in the baby's first 60 days of life alone by reducing the likelihood of low birthweight. And poor children who have comprehensive primary and preventive health care have been shown to have annual health care costs nearly 10 percent lower than children who do not receive such care.

Denying health care to children also hurts our long-term national achievement. Children with poor health have less chance of becoming productive workers. The U.S. child population is shrinking. If this country is to compete internationally in the years ahead, it will need every child to grow up healthy and contribute fully to the labor force.

Barriers to Health Care

Among the year 2000 health goals set by the Surgeon General are several regarding access to health care. By 2000, these goals state, financing and delivery of clinical preventive services should be improved so that "virtually no American" will have a financial barrier to receiving basic health exams, immunizations, and health counseling. More specifically, the goals state that 90 percent of infants up to 24 months, 80 percent of children ages two to 12, and 50 percent of adolescents ages 13 to 18 should receive all the screening and immunization services and at least some of the counseling services appropriate for their age.

But the nation has a long way to go before it can meet these goals. Deteriorating health insurance coverage for the nation's poor and a severe shortage of clinics and doctors in thousands of medically underserved inner-city and rural communities have left low-income women and children without a guarantee of access to even the most basic health care.

Declining Private Insurance Coverage

Health insurance is the most important tool for gaining access to health care. But according to the National Health Interview Survey, conducted by the U.S. Department of Health and Human Services, 10.7 million children younger than 18 (or one in six) were completely uninsured in 1988. One in five black children and three in 10 Latino children had no health insurance that year. Statistics from the U.S. Census Bureau indicate that between 1982 and 1985, 1.8 million children lost their private insurance coverage.

The vast majority of working-age Americans and their children who have private health insurance are covered under group plans available through their employers. In recent years, however, employer-based health insurance has become less available to low-income workers and their children.

The employer-based system always has left out millions of workers with low-paying or part-time jobs and workers employed in very small firms or in certain industries, such as farm-related businesses. During the past decade, however, these gaps have grown, as manufacturing jobs — which tend to pay higher wages and come with employer-paid health insurance — have disappeared. New jobs opening up in the economy increasingly have been lower paying service sector jobs without insurance benefits. In many cases, group health insurance is not offered to workers even if they are willing to pay the full cost. Without employer-based group coverage, most low-income workers are left without any kind of insurance because individually purchased coverage, even when available, is far too expensive.

Workers' children and dependent spouses have been especially hard hit in the recent insurance crisis. Many employers have stopped subsidizing family coverage for their employees, or contribute only a portion toward the cost of family coverage. In 1980, 51 percent of all medium and large employers offering health insurance paid the full cost of dependent coverage. By 1988 that number had shrunk to 32 percent.

Even through group health insurance, buying family coverage easily can amount to $3,000 per year. For millions of working families, simply putting food on the table and holding on to their housing consume all their income. When money is this tight, health insurance often is the first necessity to go. In 1990 Congress established a new tax credit to help low-income families with children pay for family coverage through employer-based group plans. But the maximum credit is only $400 per year, considerably less than the cost of many families' coverage. The new tax credit also still leaves out the many working families whose employers do not offer group plans even to employees willing to pay for coverage themselves.

Inadequate Public Insurance

In recent years Congress has significantly expanded Medicaid, the nation's largest publicly funded health program for children. Since 1984, 4 million poor children and half a million pregnant women have become eligible for Medicaid, and in 1990 Congress enacted legislation that entitles more women and children to the benefit. But the new expansions reach only children born after September 30, 1983, with family incomes less than the federal poverty level. Under the expansion schedule, it will take until the year 2002 for all children younger than 19 in such families to be covered. The current public health insurance system also leaves millions of other children and hundreds of thousands of pregnant women without health insurance because their family incomes are just above the Medicaid eligibility level — too high to qualify for Medicaid, yet far too low to buy private health insurance.

A Critical Shortage of Clinics and Physicians

More than 30 million Americans live in areas considered medically underserved by the U.S. Public Health Service. Two-thirds of this population are women of child-bearing age and children. Many of these women and children live in medically isolated inner-city and rural areas of the nation. Many more live within reasonable distances of private doctors or health providers who refuse to care for them because they are uninsured or are covered by Medicaid. Studies show that about one-third of all private obstetricians will not accept patients covered by Medicaid, and those who are willing to

Poverty and Child Health

Unlike in all other industrialized countries except South Africa, in the United States the amount and quality of health care a pregnant woman or a child receives has little to do with how much health care he or she needs. It has a lot to do with his or her family's income.

Poor families are the least likely to have employer-based health insurance for their children and the least likely to be able to buy their own insurance or pay out-of-pocket for medical care. Medicaid still is far from serving all needy children and mothers, and publicly funded clinics often are in short supply. Add to that the constant emotional and physical stresses of being poor, and the result is a great disparity between the health status of poor and affluent children.

Statistics from the government-conducted 1988 National Health Interview Survey illustrate the disturbing correlation between poverty and child health:

- Children younger than five living in the poorest families (any family with an annual income of less than $10,000) are one-third less likely than children in more affluent families (any family with an annual income of more than $35,000) to be in excellent health.
- The gap is even greater for children older than five. Poor five- to 17-year-olds are almost half as likely to be in excellent health as their more affluent counterparts (36 percent versus 63 percent).
- The poorest five- to 17-year-olds lose 1.5 times more days of school because of acute or chronic health conditions.
- Poor children are twice as likely as affluent children to have physical or mental disabilities or other chronic health conditions that impair daily activity.

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serve Medicaid patients often accept only a limited number. Similarly, 80 percent of pediatricians are willing to treat children covered by Medicaid, but less than half will accept a substantial number.

The U.S. Public Health Service estimates that 4,000 doctors and thousands of nurses, dentists, and other health professionals are needed to provide adequate health services to people in poor and underserved communities. The real number, however, may be much higher for two reasons. First, these estimates include only geographic areas with a clear health care shortage, ignoring areas (such as Manhattan) that have plenty of health professionals but large populations of poor, medically underserved persons. Second, the estimates are based on a formula allowing one physician for every 3,500 persons — a patient load about double the national average.

International Health Goals

At the United Nations World Summit for Children in 1990, countries around the world agreed on a set of child-related health goals to be achieved by the year 2000. These goals are considered both technically feasible and financially affordable over the course of the next decade. The United States will have to improve its progress markedly in maternal and child health to meet these international goals, which include the following:

Overall Goals

- A one-third reduction in death rates among children younger than five (or a reduction to fewer than 70 deaths per 1,000 live births, whichever is less).
- A halving of maternal mortality rates.

Protection for Girls and Women

- Family planning education and services available to all couples to empower them to prevent unwanted pregnancies and births that are "too many too close" and to women who are "too young or too old."
- Access for all women to prenatal care, a trained attendant during childbirth, and referral facilities for high-risk pregnancies and obstetric emergencies.

Nutrition

- A reduction in the incidence of low birthweight (2.5 kilograms or less) to less than 10 percent.
- A one-third reduction in iron deficiency anemia among women.

Child Health

- The eradication of polio.
- A 90 percent reduction in measles cases and a 95 percent reduction in measles deaths, compared with pre-immunization levels, by 1995.
- Achievement and maintenance of at least 85 percent immunization coverage of one-year-olds and universal tetanus immunization for women of child-bearing age.
- A one-third reduction in child deaths caused by acute respiratory infections.

A Collapsing Public Health System

This nation must have a strong public health system if it is to address adequately the entire population's basic health needs, such as immunizations, lead poisoning prevention, and the identification and treatment of sexually transmitted disease. In the case of vaccines, maintaining the public health system means having an adequate supply of vaccines and enough health providers to deliver them. But since the early 1980s, the vaccine system has collapsed. The National Vaccine Advisory Committee, a congressionally mandated body of experts that advises the U.S. Department of Health and Human Services on vaccine policy, recently reported that the principal cause of the current national measles epidemic (and other epidemics of preventable childhood illnesses that may be looming on the horizon) is "failure to deliver vaccines to vulnerable preschool children on schedule." Barriers cited by the committee include lengthy waits for appointments, overcrowded and understaffed clinics overwhelmed by sick and uninsured children, and inadequate clinic hours and locations. The committee stated that "the measles epidemic is a warning flag about children's immunization status."

Current Health Status of U.S. Children

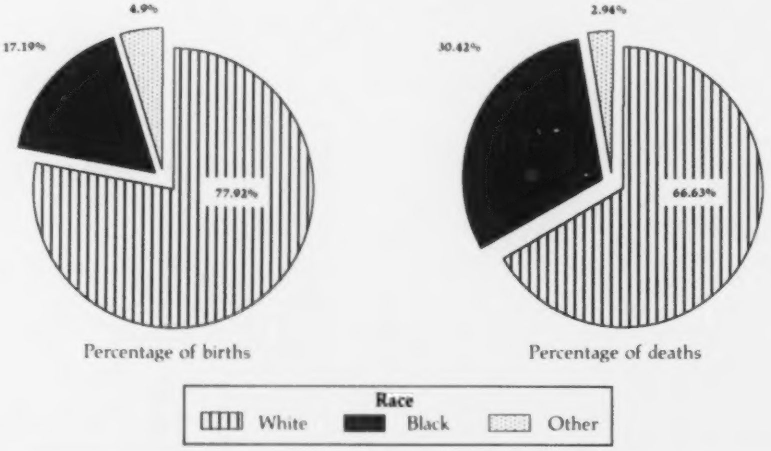
Declining access to health care has coincided with signs of slowed or stopped progress on key maternal and child health indicators. In some cases, we have lost ground.

Infant Mortality

Year 2000 goal: The national infant mortality rate (death during the first year of life) should be reduced to no more than seven deaths per 1,000 live births. No county, racial, or ethnic subgroup should have more than 11 deaths per 1,000 live births. (This goal assumes the same slow annual rate of progress as that of the 1980s.)

BIRTHS AND DEATHS

Births and Infant Death, by Race, U.S., 1988



Percentage of births

Percentage of deaths

Progress in reducing infant mortality has ground to a halt. In 1988, the last year for which there are final official data, the national infant mortality rate was 10.0 deaths per 1,000 live births, a statistically insignificant change from the 1987 rate of 10.1 deaths per 1,000 live births. Although the official count for 1990 is not yet available, it is certain that the United States did not meet the modest goal set for that year of nine deaths per 1,000 live births, a goal that was met in 1989 by 19 other nations, including Spain, Ireland, and Singapore.

In 1988, for only the second time since 1965, the overall national infant mortality rate failed to show a statistically significant decline. Nearly 40,000 infants died in 1988. According to a 1989 White House Task Force report on infant mortality that was suppressed by the Bush Administration for nearly eight months, 10,000 of these deaths could be averted annually and 100,000 of the 400,000 infants left disabled each year could be spared simply by applying current knowledge.

This grim picture stands in stark contrast with the nation's record in the 1970s, when infant mortality rates fell by an average of 4.7 percent each year.

The situation among certain subpopulations is even more disturbing. Among black infants, the 1988 mortality rate was 17.6 deaths per 1,000 live births, more than twice the rate for white infants. Had the black infant mortality rate been as low as the white rate over the past half century, more than 400,000 more babies would have lived.

Falling Behind Internationally

The United States ranks second in the world in per capita gross national product, but does not rank even in the top 10 in any of these measures that are crucial to children's health and well-being:

Children's Status	U.S. rank
Infant mortality rate, U.S. overall (1989) In the United States 10 babies died for every 1,000 live births. The United States ranked behind 19 other nations, including Singapore, Hong Kong, Spain, and Ireland.	20
Black infant mortality rate, U.S. (1989) Among black babies in the United States, nearly 18 died for every 1,000 live births. If the U.S. black infant mortality rate is compared with other countries' overall rates, it ranks behind 31 other countries, including Hungary, Poland, and Cuba.	32
Low-birthweight births (1988) In the United States 6.9 percent of babies were born at low birthweight. Twenty-five countries, including Bulgaria, Jordan, and Czechoslovakia, did better.	26
Proportion of one-year-olds fully immunized against polio in 1988 (latest reported year) While 95 percent of U.S. one-year-olds were immunized, 16 nations had better rates. Moreover, when the U.S. nonwhite population's rate (82 percent) is compared with other nation's overall rates, it lags behind 55 other countries, including Albania, Oman, Botswana, Tunisia, and Sri Lanka.	17

Low Birthweight

Year 2000 goal: Low birthweight, defined as less than 5.5 pounds, should occur in no more than 5 percent of all births, with no county, racial, or ethnic subgroup having a rate higher than 9 percent. (This is the same goal that was set for 1990, indicating the nation's complete lack of progress during the 1980s.)

Low birthweight is one of the surest predictors of infant death or long-term disability. Infants born too soon or too small are 40 times more likely to die in the first month of life than other newborns. Of the nearly 40,000 infant deaths each year, an estimated 23,000 are a direct result of low birthweight.

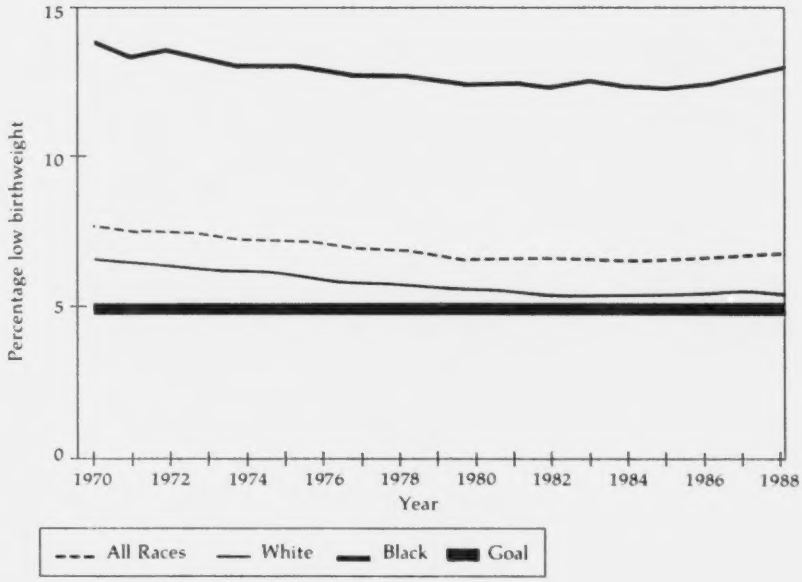
Though it largely is preventable through comprehensive prenatal care, low birthweight continues to be the single most serious infant health problem. Following a period of slow but steady improvement from 1970 to 1979 (when the low-birthweight rate fell by 13 percent), progress stopped in the 1980s. With one exception, in every year from 1980 to 1988 the percentage of babies born too small either increased or showed no improvement. In 1988, 6.9 percent of all babies were born at low birthweight — a slight increase over 1980 levels.

Among black infants, the low-birthweight rate, already nearly double the national level, actually appears to be rising. Between 1987 and 1988, the proportion of black infants born at low birthweight increased from 12.7 percent to 13 percent, the highest level since 1976.

Today's sophisticated medical technology can save more low-birthweight or premature babies than ever before. But saving babies through intensive care is much

LOW BIRTHWEIGHT

Percentage of Infants Born at Low Birthweight, by Race, 1970–1988



Source: National Center for Health Statistics.

more costly and risky than giving women timely and comprehensive prenatal care. Neonatal intensive care costs an average of $30,000 per infant in the first 60 days of life alone, and even the best care still can leave surviving babies with serious long-term health problems. Many studies suggest that low-birthweight babies are more likely to suffer child abuse or develop learning disabilities and behavior problems than normal-weight babies. Among the tiniest babies — those born at less than 3.5 pounds — one in four will suffer retardation, cerebral palsy, major seizure disorders, blindness, or other severe disabilities.

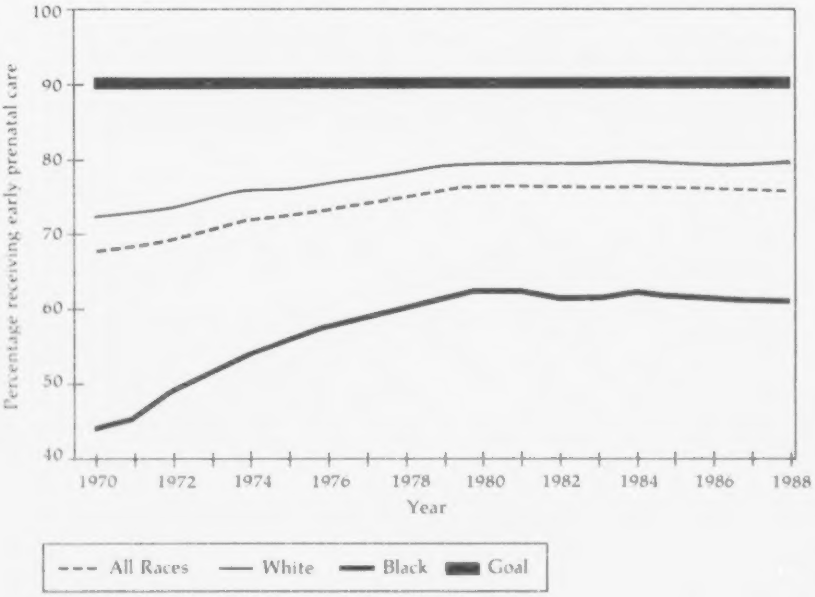
Prenatal Care

Year 2000 goal: Ninety percent of all pregnant women should begin prenatal care within the first three months of pregnancy. (This is the same goal that was set in 1979 for 1990.)

Even with today's medical technology, routine prenatal care beginning in the first trimester of pregnancy remains the most effective, cost-saving way to avoid low birthweight and improve infant health. But following substantial improvements in prenatal care rates in the 1970s, progress stopped in the 1980s, when poverty rates increased and the federal government and many states reduced support for publicly funded health programs. In 1988 the proportion of births to women receiving early care (during the first three months of pregnancy) was 75.9 percent, the same as in 1979.

EARLY PRENATAL CARE

Percentage of Infants Born to Women Receiving Early Prenatal Care, by Race, 1970–1988



Source: National Center for Health Statistics.

Some women are unable to find prenatal care until the last few weeks of pregnancy, or go without prenatal care altogether. The year 1988 was the ninth consecutive in which the proportion of babies born to mothers who had received prenatal care after the sixth month of pregnancy, or none at all, either worsened or failed to improve. In 1988 that figure was 6.1 percent, nearly 20 percent higher than in 1979.

Prenatal care rates are particularly low for black, Native American, Latino, poorly educated, and teenage women — those most likely to be poor and without health insurance. While the percentage of white infants born to women receiving early prenatal care has remained low but relatively constant during the 1980s, the percentage among black infants generally has been shrinking. By 1988 only 61.1 percent of black births were to women who had received early prenatal care, down from 62.7 percent in 1980. By comparison, 79.4 percent of white births were to women who had received early prenatal care. Among infants born to Latino women in 1988, 61.3 percent had mothers who did not receive early care.

The racial disparity is even greater when the adequacy of care, measured by amount and frequency of care, is taken into account. In 1988, 73.5 percent of white babies were born to mothers who received care that began before the seventh month of pregnancy and included more than four visits, compared with only 50.7 percent among black babies.

Vaccine-Preventable Diseases

Year 2000 goal: Ninety percent of two-year-olds and 95 percent of school-age children should have completed the basic series of immunizations for measles, mumps, rubella, polio, diphtheria, pertussis, tetanus, and meningitis. Diphtheria and tetanus should be eliminated among those younger than 25. Polio, measles, rubella, and congenital rubella syndrome should be eliminated. There should be no more than 500 cases of mumps and 1,000 cases of pertussis nationwide.

Measles presents the strongest example of what happens when millions of children lose access to the most basic health care. In the late 1970s measles eradication seemed within reach. By 1983 the United States had brought the number of cases down to an all-time low of 1,500. Five years later, following a significant decline in the number of children immunized, a measles epidemic struck communities across the nation, hitting hardest in some of the largest cities. In 1990 the number of reported cases swelled to 25,000.

Preliminary figures for 1990 show that 40 children died from measles — the greatest number of measles-related deaths since 1971. About 17,000 of these cases were among preschool-age children and could have been prevented through timely vaccinations.

A growing proportion of measles cases occur among children younger than five and could be prevented if all children were immunized adequately, according to the Centers for Disease Control. The U.S. Public Health Service estimates that only 70 to 80 percent of all children are fully immunized, with certain pockets of the population having rates lower than 50 percent. Black and Latino children and children living in low-income urban neighborhoods have particularly low immunization rates and therefore have been hardest hit by measles and other preventable diseases.

While less alarming, the numbers of cases of mumps and pertussis (both preventable with adequate immunizations) also are unacceptably high. By December 1990 there were nearly 5,000 reported cases of mumps and 3,800 cases of pertussis in the United States.

Dental Health

Year 2000 goal: No more than 35 percent of six- to eight-year-olds should have dental cavities, and no more than 20 percent should have untreated cavities. Among

15-year-olds, no more than 60 percent should have cavities, and no more than 15 percent should have untreated cavities.

Good dental health, important for all children, is especially critical in children between ages six and eight, when primary teeth are replaced by permanent teeth. Yet in 1987, 53 percent of children that age had cavities and 27 percent had untreated cavities.

Access to dental care, like access to immunizations, is a bellwether of a good basic health system for children because the need is universal. Low-income, Native American, black, Latino, and migrant children, and children with disabilities generally have poorer dental health because they are less likely to have regular dental care. Only 10 percent of dentists accept patients enrolled in Medicaid, and millions of poor families with children live in communities that have no dentists. In 1987, 70 percent of low-income children had cavities, and 43 percent had untreated cavities.

Because they tend to be cumulative, dental problems are more prevalent among adolescents than younger children. In 1987, 78 percent of 15-year-olds had cavities, and 23 percent had untreated cavities. Among 15-year-olds living in low-income families, 44 percent had untreated cavities. Among Native American adolescents, who have the worst dental health status among all racial populations, 84 percent had untreated cavities.

Family Planning

Year 2000 goal: Increase to at least 90 percent the proportion of sexually active, unmarried people ages 19 and younger who use contraception, especially combined method contraception that both prevents pregnancy effectively and provides barrier protection against disease.

With an infant mortality rate higher than 19 other nations, an epidemic of sexually transmitted disease, and a teenage pregnancy rate that leads all western industrialized countries, the United States must be particularly concerned about the poor rate at which family planning services are used. In 1988 only 78 percent of sexually active unmarried adolescents younger than 19 used contraception during their most recent intercourse, and only 63 percent reported having used it during their first intercourse.

Unintended teenage pregnancy among young unmarried women dramatically raises the risk of lifelong poverty for both the young mother and her child. Moreover, teenage childbearing is associated with late entry into prenatal care and greater likelihood of infant mortality.

Nutrition

Year 2000 goals:

- Reduce growth retardation among low-income children ages five and younger to less than 10 percent.
- Increase to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies.
- Reduce iron deficiency to less than 3 percent among children ages one through four and among women of childbearing age.

Good nutrition is essential to a healthy pregnancy, a healthy birth, and proper growth during childhood. But far too many pregnant women and young children do not receive adequate nutrition. According to the U.S. Public Health Service, in 1980 only 67 percent of all married women gained sufficient weight during pregnancy — a low figure that nonetheless is far higher than the proportion of poor unmarried women who gained adequate weight during pregnancy.

In 1988 as many as 16 percent of low-income children experienced growth retardation, with Latino and black children the most severely affected. According to the latest estimates, 21 percent of all poor infants and toddlers younger than two, 10 percent of all low-income three- and four-year-olds, and 8 percent of all low-income women of childbearing age have anemia.

Not only does poor nutrition significantly increase the likelihood of low birthweight, infant death, and lifelong disability, it is financially costly as well. Inadequate nutrition during pregnancy has been shown to more than double Medicaid costs because of the far higher number of difficult pregnancies and the low-birthweight births that result.

AIDS and HIV Infection

Year 2000 goal: No more than one per 1,000 women giving birth to live-born infants should be infected with HIV.

Women and children are the fastest growing population infected with HIV. Since 1981 nearly 2,000 cases of AIDS have been reported among children younger than 12. About half of these children have died.

Black and Latino children are disproportionately afflicted with AIDS. Black children make up 15 percent of the U.S. population younger than 15, but account for 52 percent of reported pediatric AIDS cases. Latino children represent only 9 percent of the youth population, but account for 25 percent of pediatric AIDS cases. HIV infection was the sixth leading cause of death among Latino one- to four-year-olds in 1987; it was the ninth leading cause of death among all children that age.

Lowering the HIV infection rate among women of childbearing age is paramount to reducing infection and AIDS among children. Now that the national blood supply virtually has been cleared of HIV contamination, so that fewer children and adults are infected through transfusions, pediatric AIDS has become an infants' disease, contracted in 80 percent of all cases from an infected mother. In 1989 the rate of infants born with AIDS was 1.4 per 1,000 women giving birth to live infants.

PEDIATRIC AIDS

Metropolitan Areas with Highest Proportion of Pediatric AIDS Cases, total as of March 1990

Rank	Area of Residence	Children	Total	Children as percent of total
1	Miami, FL	124	3,045	4.1%
2	West Palm Beach, FL	44	1,087	4.0%
3	Nassau-Suffolk, NY	37	1,322	2.8%
4	Newark, NJ	99	3,549	2.8%
5	Baltimore, MD	37	1,330	2.8%
6	New York, NY	576	24,461	2.4%
7	Jersey City, NJ	33	1,428	2.3%
8	Boston, MA	42	2,115	2.0%
9	Washington, DC	53	3,473	1.5%
10	Philadelphia, PA	40	2,634	1.5%

Source: Centers for Disease Control HIV/AIDS Surveillance Report, March 1990. Calculations by Children's Defense Fund.

In the vast majority of pediatric AIDS cases, HIV infection is traceable to intravenous drug use by the mother or a sexual partner. By February 1990, 67 percent of perinatal AIDS cases among blacks, 70 percent among whites, and 85 percent among Latinos were related to intravenous drug use. Cities with high incidences of intravenous drug use tend to have higher proportions of pediatric AIDS cases.

Sexually Transmitted Disease

Year 2000 goal: Reduce the number of cases of gonorrhea to no more than 225 per 100,000 people. Among adolescents, the rate should be no higher than 750 per 100,000 people.

Each year about 85 percent of the estimated 12 million cases of sexually transmitted disease (STD) occur among teenagers and young adults. By age 21 about one of five young people has had treatment for a sexually transmitted disease.

Gonorrhea is one of the most common STDs among adolescents. In 1989, 1,123 cases of gonorrhea per 100,000 people were reported among 15- to 19-year-olds.

Since 1972, when gonorrhea control efforts began, the number of cases has declined significantly for the population as a whole, dropping 29 percent in males and 24 percent in females. But there has been no comparable decline for adolescents. One important reason is that teenagers are the least likely age group to seek or receive regular health care in hospitals and clinics, where most STD prevention and treatment services can be found. Teen-serving health projects have found that locating services in schools and teen recreation centers is critical for increasing teens' use of STD services. The year 2000 goal for reducing gonorrhea among adolescents also is based on the assumption that organizations that traditionally do not deal with STDs will begin to offer services for prevention, detection, and treatment.

Lead Exposure

Year 2000 goal: No child age six months through five years should have an exceedingly high blood lead level (25 micrograms or more of lead per deciliter of blood). No more than 500,000 children this age should have moderately high blood lead levels (15 micrograms of lead or more per deciliter of blood).

Lead poisoning, although totally preventable, is one of the most common childhood conditions and the most prevalent environmental health hazard for U.S. children. An estimated 3 million to 4 million children have moderately high blood lead levels, and nearly 250,000 have exceedingly high levels. Overall, an estimated one in six U.S. children is at risk of lead poisoning. In addition, each year an estimated 400,000 pregnant women are exposed to levels of lead that could harm their fetuses.

Air pollutants from certain smelting processes, water from lead pipes or lead-soldered plumbing, and lead-contaminated dirt all can cause lead poisoning. But among poor children, the most common cause is lead paint, still common in old, low-cost housing. The paint chips off, becomes part of household dust, gets on children's clothes, hands, toys, and, eventually, into their mouths.

The resulting health problems can be serious and irreversible. Researchers have found recently that even relatively low levels of lead can cause deterioration of the central nervous system and developmental delays, hearing problems, impaired blood production, growth deficits, and poor motor coordination. One recent study found that children exposed to high levels of lead were more likely to drop out of school. In extreme cases, lead poisoning can lead to comas, convulsions, severe irreversible mental retardation, seizures, and death.

Current Responses to Maternal and Child Health Needs

In recent years Congress has begun to rebuild and expand key federal child health programs that were cut dramatically in the early 1980s. Several states also have initiated their own plans to enhance children's access to health care. But most of these efforts have been far too slow or limited, given the high rates of child poverty and childhood disease, disability, and death, and the long way the nation has to go if the year 2000 goals are to be met.

Helping Low-Income Families Pay for Health Care

Medicaid: Medicaid, an entitlement program administered jointly by the federal and state governments, is the largest source of health care financing for low-income women and children. Each state sets its own eligibility and administrative rules within broad federal rules and provides its own funds to match the federal allocation. In 1989 Medicaid served about 25 million people. Half were younger than 21; nearly 20 percent were women of childbearing age. A special Medicaid benefit for children younger than 21, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, guarantees all Medicaid-enrolled children coverage for comprehensive health care, including health exams, treatment for physical and mental health problems discovered, immunizations, and vision, dental, and hearing care.

All states are required to extend eligibility to all children younger than six in families with incomes less than 133 percent of poverty. As a result of expansions enacted by Congress since 1984, Medicaid now covers all pregnant women and infants living in families with incomes below 133 percent of the poverty level (an annual income of $14,040 for a family of three in 1990). In addition, states have the option of covering pregnant women and infants in families with incomes up to 185 percent of poverty (an annual income of $19,536 for a family of three in 1990). According to the National Governors' Association, as of July 1990, 19 states had exercised this option fully.

As a result of legislation Congress enacted in 1990, children older than six will be added to Medicaid in stages starting in 1991. Beginning July 1, 1991, states must phase in coverage for all seven- through 18-year-olds born after September 30, 1983, with family incomes less than 100 percent of poverty. By 2002, all children through age 18 will be covered.

However, children born on or before September 30, 1983, are not included in the phase-in. Federal Medicaid guidelines remedy this problem partially by giving states the option of covering all children living in families with incomes low enough to qualify them for AFDC, the main federal-state welfare program. But 18 states still have not used this option. In the states that are using this option, only the desperately poor are covered, since on average the financial eligibility level for AFDC was 38 percent of the poverty level in 1990. As a result, millions of school-age children with family incomes above AFDC eligibility levels but lower than the federal poverty level are left uninsured.

Moreover, in 18 states children born before September 30, 1983, also must meet AFDC's family composition requirements to qualify for Medicaid. The families must be headed by a single parent or must have an unemployed parent. This means that the millions of school-age children in two-parent families that are as poor as other AFDC families — certainly too poor to pay for health care out-of-pocket — are left with no guarantee that they will receive health care when they need it.

On the more positive side, in 1990 Congress changed Medicaid application procedures so that more eligible women and children actually can enroll in the program. Beginning July 1, 1991, state Medicaid agencies must use simplified forms and permit parents and children to enroll at community health centers and many hospitals, instead of only at welfare offices.

State child health insurance plans: Several states have established low-cost insurance plans for poor and near-poor children who neither are covered by employer-based insurance nor eligible for Medicaid. In New York, the Children's Health Insurance Plan (CHIP), modeled after a landmark Minnesota program that began operating in 1988, costs nothing for families with incomes below 133 percent of poverty, and $25 per child per year for families with incomes above 133 percent of poverty. Similar state plans have been created in Connecticut, Colorado, Maine, Washington, and Vermont to insure children left out of Medicaid.

Making Health Care and Nutrition Services More Available to Low-Income Families

Community and Migrant Health Centers: The Community and Migrant Health Centers are a highly effective but seriously underfunded federal program designed to bring comprehensive primary care to medically underserved areas. The 600 health centers, operating in more than 2,000 sites throughout the country, serve nearly 6 million low-income patients each year. More than one-third of these are younger than 14, and one-fourth are women of childbearing age. Health centers serve 12 percent of all low-income pregnant women and more than 30 percent of all pregnant women younger than 15.

Health centers have been identified as one of the greatest achievements in improving health care for poor Americans since they were first established in 1965. They have been shown to reduce infant mortality, raise immunization rates, improve child health, and increase access to care. However, recent funding increases for the Community and Migrant Health Centers have not kept pace with inflation. In FY 1991 funding for the Community and Migrant Health Centers will grow by less than $25 million, to $530 million — $478 million for community health centers, and $52 million for migrant health centers. An additional $20 million will be used for rural outreach demonstration projects. These increases are so small that the program still will be able to serve only about 20 percent of all people living in communities with health care shortages. Over the next decade, the nation will need an additional 2,500 clinics to meet health care needs fully in all underserved communities.

National Health Service Corps: Created in 1972, the National Health Service Corps gives scholarships, loans, and loan repayment options to medical and nursing students, who in return must work in medically underserved areas, often in Community and Migrant Health Centers.

During the past decade, the National Health Service Corps was nearly decimated. Participation dwindled from more than 6,000 professionals in 1980 to a mere 1,500 in 1989. In 1990 the corps was revitalized, and Congress continued the rebuilding in 1991 by appropriating $92 million for the program in FY 1991, nearly twice the previous year's amount. This increase — and continued support of the corps — is vital to families in both rural and urban communities unable to attract enough health professionals.

WIC: To help ensure that low-income pregnant women and children have adequate diets, the federal government provides food vouchers through the Supplemental Food Program for Women, Infants, and Children (WIC). It is an effective way to improve maternal and child health, providing the extra food low-income families need as well as linking pregnant women to prenatal care. Each $1 spent through WIC saves $3 in the first year of a child's life by reducing the likelihood of low-birthweight births and prematurity. However, WIC funding is so low that it now reaches only slightly more than half of the pregnant women, infants, and children who need its benefits.

Family planning: Family planning services can play a major role in reducing maternal and infant mortality, preventing infertility and sexually transmitted disease, eliminating the need for abortions, and improving the health of women of childbearing age through screening tests for cancer and other diseases. Such services can save $14 for every $1 invested.

But despite its importance, family planning in the United States is severely underfunded. The FY 1991 funding level for the Title X family planning program, the only federal program with the sole mission of improving access to family planning services, was $144.4 million, $16 million lower than in FY 1981 and about half as much in real dollar terms.

Title V Maternal and Child Health Block Grant: The Maternal and Child Health (MCH) Block Grant, authorized under Title V of the Social Security Act, is the only federal program devoted exclusively to the health of mothers and children. The federal government provides grants to states to assure basic health services for women, infants, and children, particularly those in low-income families, and to provide care for children with disabilities or chronic illnesses.

Health services funded by the MCH Block Grant often are the only source of prenatal care for hundreds of thousands of low-income women in places with few Medicaid providers or shortages of doctors and health care facilities in general. For children, the grants provide the full range of care, from immunizations and routine exams to surgery and physical therapy.

Despite its proven effectiveness in improving key areas of maternal and child health, the MCH Block Grant is severely underfunded. Since the Block Grant was created in 1981, appropriations have failed to keep up with inflation. Congress appropriated a $34 million increase (6 percent) for FY 1991, putting the total at $587 million. This modest appropriation, $100 million less than the amount authorized, is far short of what states need to serve their medically needy women and children. It also leaves total funding short of the $600 million mark necessary to trigger six new initiatives, including home visits and rural projects, that would bring more health services to medically underserved communities.

Protecting Children from Preventable Disease

Childhood immunization: The federal Childhood Immunization Program, administered by the Centers for Disease Control (CDC), is a major source of public support for the nation's efforts to reduce preventable childhood disease. Begun in the 1950s with the polio vaccine, the program now provides grants to state and local health agencies to purchase and administer vaccines to protect children against other diseases as well: measles, mumps, rubella, diphtheria, tetanus, pertussis, and the meningitis-causing haemophilus influenza type B (Hib).

In 1990, in response to the explosion in measles cases, Congress gave childhood immunizations a much needed boost, appropriating an additional $31 million (a 16 percent increase), lifting final FY 1991 funding to $218 million. The increase is especially important at a time when measles is striking growing numbers of children and when health experts recommend that all children receive an additional dose of the measles vaccine. New efforts to control meningitis and hepatitis B also require extra funding.

Another 1990 development will allow the nation to track immunization rates more precisely. The National Center for Health Statistics finalized a plan to collect national immunization data through the National Health Interview Survey. The system replaces one that the Reagan Administration abolished in 1985.

Lead poisoning prevention: All children enrolled in Medicaid's EPSDT program must receive blood lead level tests as part of their routine health screens. But the only federal program devoted exclusively to combating lead poisoning is the small Lead Poisoning Prevention Program administered by the CDC. The program gives technical assistance and grants to states to screen infants and children for blood lead levels, refer families to treatment, and educate the public about lead poisoning. Currently the program is funded at $3.9 million, far short of what it would take to assist all states. In 1990 Congress doubled the funding, appropriating $7.8 million for FY 1991, still too little to address the problem thoroughly.

Recommendations

If the nation is to meet its maternal and child health goals, all sectors of society must make a commitment to ensure that health care is affordable and accessible to everyone.

Jackson-Hinds Comprehensive Health Center

Chronic hunger and disease are part of everyday life in some parts of rural Hinds County, Mississippi, while running water and electricity are not. The infant death rate in the predominantly black county is 30 percent higher than the national average. Yet if Hinds County keeps up its current progress, it will reach the year 2000 infant death goal years before the rest of the country.

In 1988, the most recent year for which there are official data, the nation's infant mortality rate fell by a statistically insignificant 0.1 per 1,000 live births. Hinds County did 10 times better, reducing its rate one whole point from 14 to 13 deaths per 1,000 live births.

There's a simple reason for Hinds County's success. The people there have access to free or low-cost primary health care. The Jackson-Hinds Comprehensive Health Center, located in Jackson, provides a full range of services, including acute medical and dental care, exams, treatment and follow-up, health education, family planning, and counseling. Anyone can drop in to see a doctor or nurse, and those who don't have cars or bus fare, or don't live on the bus route, can take one of the center's three vans. No Medicaid or other insurance card is required, and fees are based on a sliding scale.

One of the 600 or so health centers under the federal Community and Migrant Health Centers program, Jackson-Hinds started in 1970 in the Sunday school classrooms of a Jackson church. A renovated bus served the outlying county. Since then Jackson-Hinds has been the sole link for many county residents to professional health care. The center currently is funded to serve 23,000 to 25,000, but actually has 48,000 active patients. "We're the only game in town for the clients we're serving," says the center's founder and director, Dr. Aaron Shirley, who has served in poverty-stricken areas of Mississippi since the 1960s.

Even with a caseload nearly twice the funded capacity, Jackson-Hinds has insisted on — and met in almost all cases — high goals and objectives. The center's top two priorities are reducing infant mortality and preventing teen pregnancy. Toward those ends, in 1990 the center enrolled for prenatal care about 900 expectant mothers (more than one-third of whom were teens) and provided family planning, counseling, and contraceptive services to 90 percent of teenagers found to be sexually active.

How does Jackson-Hinds manage to reach so many teens? Through school-based clinics. The center now operates satellite health centers in four

The Federal Government

In the long term, this country's child health problems will be solved only with a program that includes both adequate insurance coverage and the resources to develop services where they are needed. Such a program must be available at least to all pregnant women and children. Until such a national program is structured, however, it is essential to protect the poorest children. The current patchwork of public health programs should be improved through the following measures:

- Expand public health insurance for low-income families. In 1991 Medicaid should be expanded to cover all poor and near-poor families (with incomes of less than 200 percent of the federal poverty level). By 1996 Medicaid coverage should be extended to everyone with an income of less than 200 percent of poverty.

high schools, three middle schools, and one elementary school. Like the main clinic, the school clinics offer a comprehensive range of services, from acute medical and dental care and health screens, to pregnancy prevention services and individual and group counseling.

Just having free clinics at schools goes a long way toward getting teens to pay more attention to their health and to seek regular health care. But Jackson-Hinds' school clinics offer an additional plus: a guarantee of complete confidentiality for all students.

The special accommodation of teens' needs has paid off. At Lanier High School, site of one of the school-based clinics, the pregnancy rate has dropped by 24 percent since 1979, when the school program started.

The school-based clinics, Jackson-Hinds staff has found, have become natural outreach tools that have made regular health care users of not only teens, but their families as well. Often parents find out about Jackson-Hinds through their children, and before long the parents and the siblings are visiting the main clinic.

Whether at the school sites or the main clinic, Jackson-Hinds patients are treated like friends and neighbors — because they are. Most of the staff at Jackson-Hinds are long-time county residents themselves who understand their patients' lives. They understand that "no one gets sick in a vacuum," as Shirley puts it. Health, especially for the poor, involves a lot more than treating disease. It involves getting clean water for them, insulating homes, improving public transportation, and getting kids into preschool. "Most of our professional staff are active in community affairs, in the PTA, in trying to get better roads," says Shirley. "We live amongst the folks. We say, 'We can better serve them if we have this public program, or that public program.'"

But that critical sense of community doesn't come easy, especially now, when the center has to hire more and more professionals from outside the community to keep up with demand for staff. Getting quality people to work well with the center's clientele now is the big challenge, one that the center could more easily meet, says Shirley, if it had a training component that prepares prospective staff for the special demands of serving the poor. Although work at Jackson-Hinds is "difficult as hell," according to the 30-year veteran of community health, it can be very rewarding if one has a desire to serve.

- Ensure that *every* medically underserved community has a more adequate supply of health care providers. The 600 existing Community and Migrant Health Centers are able to serve only 6 million of the 33 million medically underserved Americans. By the year 2000 an additional 2,500 health centers should be established so that no area is medically underserved.
- Fully fund the Maternal and Child Health Block Grant to deliver and coordinate care for thousands of additional low-income women, children, and youths.
- Continue revitalizing the National Health Service Corps. FY 1992 funding should be sufficient to provide scholarships and loan repayments to at least 6,000 physicians, dentists, nurses, and other health professionals (the same number that was served in 1980).
- Provide an additional $50 million in FY 1992 for the childhood vaccine program to control disease outbreaks, disseminate new vaccines, and serve all infants and preschoolers who now go unprotected.
- Sufficiently fund the WIC program — which now serves only about half the estimated eligible population — to allow nutritional support to all poor and nutritionally at-risk women, infants, and children who apply.
- Double funding for the Title X family planning program in FY 1992.

State Governments

In recent years states have gained more control of public health dollars through block grants and because they have more power to make decisions concerning Medicaid. Governors and state health officers now have greater responsibility for decisions regarding statewide health insurance programs, the distribution of publicly funded services, and the availability of nutritional and family planning supports. Every state should consider the following:

- Implement Medicaid expansions and enact all federal Medicaid options. This means extending coverage to all pregnant women and infants with incomes below 185 percent of poverty, increasing the supply of providers through improved reimbursement, and providing an adequate benefit package.
- Several states have established state-funded health insurance programs for low-income children and families not eligible for Medicaid. All states should develop such programs, with universal coverage as the goal.
- Contribute general funds to support community health centers and local health departments' maternal and child health programs so that every medically underserved community has a more adequate supply of providers.
- Use state funds for support of graduate medical education in ways that encourage physicians and other health professionals to practice in medically underserved areas.
- Support with state funds childhood immunization activities, pay for personnel to administer vaccines, and improve ways to identify and serve culturally isolated families.
- Supplement federal WIC dollars with state funds and use the state's purchasing power to secure competitive bids and reduce infant formula prices so that more women, infants, and children now on WIC waiting lists can receive food supplements.

The Private Sector

Businesses can play a key role in making health care more affordable and accessible for children in low-income working families by revitalizing the employer-based health insurance system. Employers should:

- Offer subsidized health insurance with dependent coverage to all employees regardless of pay level. Plans should fully cover cost-effective services such as prenatal care and preventive care for children.
- Institute corporate wellness policies that support families. Employees should have adequate sick and family leave. In addition, employers should offer opportunities for employees to reduce stress, fight substance abuse, and gain health education through the work place.

Members of the community also should take responsibility to protect children and youths by acting as role models, volunteering at health-related community events, voting for candidates who support health programs, and supporting the location of health service programs in their neighborhoods. Communities should sponsor health fairs, immunization stations, parenting education classes, and other projects that help families gain access to needed services.

Health professionals also have a special responsibility to protect children's health. Health professionals should:

- Participate in publicly funded programs and serve a fair share of medically indigent patients.
- Build networks that include professionals from a range of disciplines to facilitate coordination of services.
- Serve in the community as resource persons and teachers of family health issues.

Finally, although they need help from all other sectors of society, families themselves have ultimate responsibility for safeguarding children's health. To the best of their abilities, parents should:

- Take their children to see a health care provider for preventive care, including immunizations and check-ups.
- Provide a safe environment for children to grow up in by giving them only safe toys, using a car seat, installing smoke detectors at home, and not leaving children alone.
- Promote children's health by breastfeeding babies, preventing tooth decay by not giving babies a bottle at bedtime, and giving children nutritious food.
- Protect their own health and be role models for healthy behavior.
- Be advocates for good health programs and policies for their children.

Education

Too many American students are leaving school without the skills they need to assume productive roles in our society.

- Only 27 percent of American high school graduates, according to the National Assessment of Educational Progress, can find specific information in a lengthy news article.
- Just 3 percent can read and orally interpret distinctions between various types of employee benefits.
- Only 5 percent can estimate the cost of an item using a grocery unit price label.

President Bush and the nation's governors have responded to these and other alarming data by announcing six education goals and 21 related objectives to make sure that by the year 2000 all young Americans will be educationally prepared to become productive citizens.

The nation has a long way to go to reach the education goals by 2000, and some critics of the goals argue that they cannot be accomplished by then. However, there is no doubt that achieving the goals as soon as possible is essential to the nation's future. We cannot afford to ignore the goals simply because they are ambitious.

The Hallmarks of a Good Education

Fortunately, the United States is not starting from scratch in efforts to reach the goals. Thanks to educational research, the reform efforts of the 1980s, and creative experimentation in scattered schools and districts, the nation already knows a great deal about what makes good schools and what helps children perform at high levels. We know that children achieve in lively classrooms where:

- The curriculum is rich, complex, and related to students' real experience.
- Lessons require the students' active thinking and participation, and encourage students to help each other and learn together in small groups.
- Evaluation and grading are private, focus on the specific learning the child has or has not accomplished, de-emphasize comparison with other students, and encourage hard work.

In addition, we know that in high-performing schools:

- Every effort is based on the conviction that all students can achieve at high levels given the right kinds of help.
- Teachers and administrators accept individual and collective responsibility for their students' achievement.
- The school, community, and parents together establish clear goals for the school and develop concrete action plans to achieve them.
- Students' progress is monitored regularly, and when problems arise intervention is immediate and responsive.
- Teacher and staff performance is evaluated and teachers receive the assistance or additional training they need to be effective in meeting their students' needs.
- Teachers and administrators involve parents in the school and in their children's education in significant ways.

No Quick Fixes

To achieve genuine and lasting change, communities and school districts will have to work at all levels of the education system, carefully identifying and addressing each weak spot. Political leaders and the general public will need to be reminded that there are no simple panaceas for the ills that plague our schools.

In the past few years, some communities and state legislators have looked to school choice plans as an inexpensive quick fix for their local schools. Unfortunately, choice will not raise the general level of education in our communities or get rid of poor quality schools. In some school districts — Los Angeles County is one — students have been allowed to transfer out of inner-city schools to suburban schools, with no

Where America Stands

As the nation embarks on its decade-long effort to improve education, it is important to understand where we are now.

Goal 1. By the year 2000, all children in America will start school ready to learn.

- In 1988 only 25 percent of three- and four-year-olds with family incomes of less than $10,000 a year were enrolled in a preschool program, while 56 percent of those with family incomes of $35,000 or more were enrolled.
- More than one-third of all children in families headed by someone younger than 30 are living in poverty.
- Three in 10 black children and more than half of all Latino children have a parent who lacks a high school diploma.

Goal 2. By the year 2000, the high school graduation rate will increase to at least 90 percent.

- The high school graduation rates of young adults have increased by only 3 percentage points during the past 20 years. In 1988 graduation rates were:

	Ages 18-19	Ages 20-21
White	74.0	85.1
Black	58.4	81.5
Latino	52.3	54.9

- Almost 29 percent of the students who entered ninth grade in 1984 had failed to graduate from high school by 1988.
- In 1988 almost 15 percent of American young people had failed to obtain a diploma or equivalency certificate by age 22.

Goal 3. By the year 2000, American students will leave grades four, eight, and 12 having demonstrated competency over challenging subject matter, including English, mathematics, science, history, and geography.

- Among 17-year-olds who are still in school, only half can compute using decimals, fractions, and percents; fewer than half can understand, summarize, and explain the kind of material found in encyclopedias or high school texts.
- Among 13-year-olds, 27 percent cannot add, subtract, multiply, and divide using whole numbers; and 42 percent cannot search for specific

appreciable positive effect either on the district, the inner city schools, or the performance of the transferring students.

Unless choice plans target special efforts at improving low-performing schools, these schools are not likely to get better and may even get worse; declining enrollments reduce the amount of state funding schools receive, and the best students and teachers get drained off to other schools.

Choice plans are based on the premise that parents will be able to make informed decisions about which schools are best for their children. In reality, it is difficult for parents to evaluate their own schools, let alone schools in other parts of the city or district. Poorly educated parents and non-English-speaking parents are at a particular disadvantage, which means their children are the least likely to change schools. The

information, interrelate ideas, and make generalizations about something they have just read.

Goal 4. U.S. students will be first in the world in math and science achievement.

- Only 40 percent of American students are able to solve abstract math problems or those requiring at least two steps.
- In a 1988 international assessment of math achievement, American 13-year-olds ranked last in ability to solve math problems — behind 13-year-olds in the United Kingdom, Spain, Ireland, Korea, and three Canadian provinces.
- In 1987 only eight of every 100 newly qualified teachers had received degrees in math, science, or computer science.

Goal 5. Every adult will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise responsibilities of citizenship.

- In the 1988 presidential election, just 57 percent of the U.S. population voted. More than 77 percent of college graduates voted, but 41 percent of those who had less than four years of high school and only 37 percent of those with an eighth-grade education or less went to the polls.
- Among 1989 high school graduates, about 60 percent of whites, 55 percent of Latinos, and 53 percent of blacks entered college the following fall.
- Among 1980 high school graduates, 27 percent of Asians and 20 percent of whites had completed a bachelor's degree by 1986, compared with only 11 percent of Native Americans, 10 percent of blacks, and 7 percent of Latinos.

Goal 6. Every school will be free of drugs and will offer a disciplined environment conducive to learning.

- In a 1988 survey, 9.2 percent of all 12- to 17-year-olds reported having used illicit drugs in the previous month.
- In 1989 more than 4 percent of high school seniors reported using alcohol every day.
- During 1987 almost 2.5 million thefts and about 465,000 violent crimes occurred in or around schools.

students who attend inner-city and other less desirable schools will be the same students who were there before choice. But they will be more likely than ever to be seen — and to see themselves — as educational losers.

Some of these pitfalls might be minimized for individual students by combining localized choice plans with simultaneous special efforts to improve poor quality schools, increase parent involvement, and provide free transportation for any student who needs it. But school choice, by itself, is not a shortcut to educational excellence.

Meeting the New Challenges

Today's schools face huge challenges as soon as their students walk through the schoolhouse door. Alongside white, middle-class students come students from cultures as diverse as the Hmong culture of Southeast Asia and the Salvadoran culture of Central America.

Schools must serve the needs of children and parents who don't speak English or who barely have enough money to subsist. Schools must educate students from troubled and single-parent families; students with educational, emotional, or physical disabilities; and students who have exceptional abilities. To meet these diverse needs, schools, communities, and government must pursue a number of strategies to achieve the education goals.

Coordinate with Health and Social Services

Because children with unattended health or family problems are unlikely to perform at their best, schools can help students achieve academically by making sure that such supports as health care, child protective services, and mental health services are accessible to students and their families. As the one community institution that serves every family with children, a school is the natural hub for collaborative service delivery systems. Developing these systems will depend, however, on the willingness of school districts and social service agencies to lower the bureaucratic walls that have discouraged collaboration in the past.

The state of New Jersey has been a leader in locating comprehensive services under one roof in the place most teenagers can be reached — at or near secondary schools. Each of the state's 21 counties has at least one School-Based Youth Services Program, and there are 29 programs in all. Each program must provide at least the following core services: health and substance abuse services, counseling, job and employment training, information and referral services, and recreation. As an option, the programs may provide other services such as day care, teen parenting and family planning services, and a hotline. Programs operate before, during, and after school, and some are open on weekends. To qualify for program funding, applications must be submitted jointly by the school district and at least one public or private services agency.

The New Jersey program's success has made it a model for states such as Illinois, Florida, California, and New York, which are undertaking similar initiatives.

Prepare Children for School

Strategies for making sure all children enter school ready to learn must include increasing the supply of affordable, good quality preschool and child care programs, especially all-day programs that serve the child care needs of working families.

In 1990 Congress reauthorized Head Start, the highly successful comprehensive child development program funded by the federal government. The reauthorization provided for incremental funding increases over the next four years that will, if

STUDENT PROFILE

Eighth-Graders with Various Risk Factors by Race/Ethnicity (Percent), 1988

	Parent is single	Parents have no H.S. diploma[1]	Limited English proficiency	Income less than $15,000	Has sibling who dropped out	Home alone more than three hours[2]
Total	22.3%	10.5%	2.3%	21.3%	10.0%	13.6%
Race/Ethnicity						
White	17.7	6.2	0.8	14.1	8.8	12.0
Asian and Pacific Islander	14.2	8.8	7.1	17.8	6.1	15.9
Latino	23.4	33.4	8.8	37.5	16.0	16.3
Black	46.5	15.8	1.6	47.0	13.0	19.5
Native American and Native Alaskan	31.1	13.4	8.6	40.1	15.1	18.6
Latino Subgroup						
Mexican/Chicano	20.7	41.1	9.2	40.5	24.3	15.7
Cuban	22.5	15.3	6.6	19.3	13.2	18.5
Puerto Rican	33.9	29.4	9.5	42.9	35.0	16.3
Other Latino	25.4	18.4	8.2	30.8	24.5	16.6

[1] Neither parent has a high school diploma.

[2] Time spent after school each day at home with no adult present.

- Half of all eighth-graders don't have any of these risk factors and only one in five has two risk factors. Black, Native American, and Latino eighth-graders are twice as likely as their white and Asian counterparts to have two or more risk factors. Within the Latino population, two in five Puerto Rican and Mexican American eighth-graders have two or more risk factors, compared with about one in four Cubans.
- Certain combinations of risk factors (such as single-parent homes with low incomes, or parents with limited English proficiency who have no high school diploma) are particularly detrimental to educational achievement.

Source: U.S. Department of Education and National Council of La Raza.

appropriated, enable the program to serve all eligible low-income children by 1994. It is essential that Congress annually appropriate the money as authorized.

In addition, the states must continue to expand preschool opportunities, either by supplementing Head Start or by funding state preschool programs. In 1990 Texas moved in the right direction by removing the funding cap on its preschool program for low-income children and non-English-speaking children.

Texas also supports eight model pilot programs to prepare three-year-olds for school. One is the José Cardenas Early Childhood Program, which serves 36 children from low-income, Spanish-speaking families. The children are engaged in developmentally appropriate learning activities between 8 a.m. and 3 p.m., with instruction in Spanish. Before and after the prekindergarten segment, the children receive child care at the same site, provided by the YMCA.

Another critical strategy for preparing children for school involves parent education. Almost all parents want to help their children learn, but many don't know how. Missouri has a highly successful state-funded home/school partnership program that helps parents foster their children's development.

Parents as Teachers (PAT) is offered without charge in all 543 Missouri school districts to parents with children younger than three. Services to parents include group meetings as well as home visits by parent-educators who offer information to help parents understand their children's development and respond to their needs. A 1989 study shows that children whose parents participated in PAT were significantly ahead of other children in academic performance at the end of the first grade, and that PAT parents remained more involved in their children's schooling than other parents.

Phase Out Tracking and Teach a Rigorous Core Curriculum to All

The widespread practice of tracking, or grouping children by perceived ability, has taken a toll on the achievement of all but the top American students. In the first few weeks of school, judgments are made about children that have lifelong consequences. Educational research shows that children adjust their performance and self-image to meet adult expectations, and children who are placed in lower ability classes soon come to believe that they cannot excel in school. With 62 percent of all American students assigned to the average and below average tracks, in which the curriculum is notoriously undemanding, it seems certain that most students in fact are being discouraged from working up to their potential.

In many communities parents have resisted proposals to abolish tracking, fearing that such a step would reduce opportunities for their own children. However, the evidence doesn't support the common belief that students in the top tracks learn more because they are segregated from other students. They learn more, according to the research, because they are assigned skilled teachers and their classes are more challenging.

All students will learn more when they receive the same educational advantages that students in the top tracks now enjoy. To make this possible, every school district should begin phasing out academic tracking, replacing the general and vocational curricula with a rigorous core curriculum that prepares students equally well for college and for demanding jobs. Teachers will need additional training to learn new techniques for challenging all students in heterogeneous classes (see page 88).

Improve Education for Students with Special Needs

A federally sponsored survey of more than 17,000 children nationwide, released in 1990, points to the growing challenge that children with special needs are creating for our schools. The survey conducted for the National Center for Health Statistics showed that one in five children younger than 18 has a learning, emotional, behavior, or developmental problem. Children living in one-parent homes or in families with a stepparent were most at risk of emotional or behavioral problems, and children who lived in low-income families or whose mothers had not completed high school were most at risk of learning difficulties.

In addition, almost 50,000 students are orthopedically impaired, 56,000 are hearing impaired or deaf, 22,000 are visually handicapped, and 45,000 have other health impairments that require special education services.

The nation must do more to get early help to all children who have mental, physical, or emotional disabilities or are at risk of acquiring them. The Individuals with Disabilities Education Act provides early intervention services to certain families whose infants and toddlers are at risk of developmental delays. But these critical early services are not widely available to children at risk from low birthweight or from environmental factors such as poverty, even though these are known to hinder normal development.

Early intervention must be followed by education that addresses disabled students' special needs, maximizes their strengths, and allows them to study the same high quality curricula in the same lively classrooms as all other children. The National Center on Education and the Economy reports, however, that barely one-quarter of special education students receive instruction in regular classrooms for 80 percent or more of the day.

The research conducted for the National Center for Health Statistics revealed that only one-quarter of the children with emotional or behavioral problems received any kind of special educational help in schools. A study published in 1990 by the Bank Street College of Education reports that when children with emotional or behavioral disabilities are identified, they generally are placed in rigid behavior modification regimens that emphasize behavior control at the expense of learning. As a result, only about 30 percent of these students function at or above grade level, and they tend to fall further and further behind as they get older.

That most of our schools are not meeting the educational needs of special students is clearly illustrated by their dropout rates. Students with disabilities are 50 percent more likely to drop out of school than other students; those with learning disabilities are the most likely to drop out. In general, students with disabilities are only one-quarter as likely to participate in postsecondary education as other students.

Schools must improve their ability to identify and assess correctly the needs of children who require special assistance in school. The tendency of many schools to place low-income and minority students disproportionately in classes for the mentally retarded, for example, must end. But so must the practice of ignoring evidence of emotional or learning problems that require special attention.

Language barriers: According to the Council of Chief State School Officers, about 3.5 million children — 73 percent of them Latinos — need special help in school because they have limited proficiency in English. These students generally need both special English language instruction and academic support in their native language. Yet at least one-quarter of these students receive no appropriate educational services. Many are placed inappropriately in special education classes for the learning disabled and speech impaired.

Many non-English-speaking students essentially are punished by being forced to choose between learning English and taking other academic subjects. Moreover, the Chief State School Officers found that many students who do have access to bilingual education classes are mainstreamed before they are ready, without adequate monitoring or support. Consequently, many fall behind and drop out. A study of California high schools with large numbers of minority students found that the highest dropout rates occurred in schools with high concentrations of Southeast Asians (48 percent) and Latinos (46 percent). Another study showed the Filipino dropout rate to be more than 41 percent.

Improve the Teaching Force

Well-prepared and experienced teachers who have enthusiasm for their work and high expectations for their students can change the school careers of even the most disinterested and discouraged students, as teachers such as Jaime Escalante at Garfield High School in Los Angeles have proved. States, school districts, and colleges and universities all must be more active in providing teachers with more opportunities for training and professional development. Teachers also need greater assistance from experts in other fields as they strive to meet the needs of highly diverse students.

The nation especially needs to increase its supply of minority teachers and develop a teaching force that can motivate and inspire minority and inner-city youths. The American Association of Colleges for Teacher Education reports that over the next

Academy for Mathematics and Science Teachers

When he was director of the Fermilab near Chicago, Nobel prize-winning physicist Leon Lederman started a summer program a few years ago to teach science to teachers. He got an unexpected shock. "I realized how ignorant they were," he told a *Washington Post* reporter. "How intimidated they were by their own subject."

So when U.S. Energy Secretary James D. Watkins asked Lederman how the national laboratories could improve science education, Lederman proposed a training academy for science and math teachers in the Chicago School District, one of the lowest performing districts in the nation.

The resulting Academy for Mathematics and Science Teachers, launched by Lederman in January 1991, is grounded in evidence that children have a natural enthusiasm for learning science and math when it involves actively exploring how the world works. At the academy, teachers learn how to design and carry out hands-on science lessons, even if their equipment is as ordinary as a rubber ball or a simple set of spheres and shapes. A math lesson might involve rolling toy cars down a ramp, taking measurements, plotting data on a graph, and using the information to predict how far the car will roll down a longer ramp.

To learn these new ways of teaching, a group of teachers attends the academy two or three days a week, every other week, for 20 weeks, while teachers already trained by the academy work with their students.

Lederman raised several million dollars from federal, state, and private sources to start the academy. He says he needs about $35 million a year for the next seven years to train all of the 17,000 math and science teachers in Chicago. He's confident that trained teachers will make a difference in Chicago's classrooms. "Kids want to learn science," he said. "They're naturally curious. Until now, we've just been doing our best to spoil it for them."

decade the proportion of minority teachers will decline from the current 10 percent of the teacher work force to just 5 percent, while the proportion of minority children in the school-age population will increase to 32 percent.

As young teachers of all races gain experience, they are likely to move out of poor school districts into suburban schools, where the pay, status, and working conditions are better. Local community hearings held in 1986-1987 revealed that teacher turnover in urban districts, especially among new teachers, was highest in schools serving Latino and black students. This means that students who need the best teachers generally get the least qualified. A 1983 study by the U.S. Department of Education reported that more than 14 percent of all newly hired teachers in inner-city school districts were not certified to teach their assigned subject. That was twice as many uncertified teachers as were hired in other districts. The highest proportions of uncertified teachers were in bilingual education and special education, areas of special importance in schools serving low-income and minority students.

Varied strategies will be necessary to increase the numbers and quality of multi-ethnic teachers. The Council of Great City Schools suggests, among other things:

- Instituting financial incentives and academic support for minority students who wish to become teachers and will agree to teach in their own communities;
- Creating partnerships between urban school districts, colleges and universities, and professional organizations to encourage and prepare students to teach in urban schools;

- Developing and promoting alternative certification programs for adults who wish to enter teaching later in their careers.

Devise Better Ways to Assess Learning

Assessment fulfills two important educational needs. First it provides diagnostic information about, and measures the achievement of, individual students. Second, it tells how well students, school districts, and states are doing in relation to each other and to an established standard. Both types of information are important and useful.

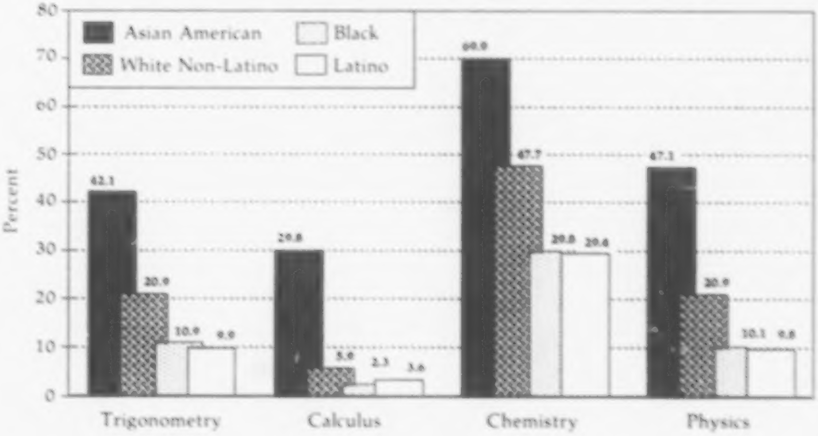
As a result of the education reform movements in the 1980s, states and school districts increased their use of standardized tests for both purposes. Ironically, this trend may have contributed unintentionally to the overall low achievement of American students. Because many standardized tests focus on low-level skills and measure learning by the ability to recall unrelated facts, school districts tended to adjust their curricula accordingly, emphasizing basic skills and rote learning instead of higher order thinking and problem-solving skills.

It is time for schools and elected officials to end their preoccupation with these kinds of standardized tests and to begin seeing assessment as more than a means of sorting students into groups. Assessment can — and should — become a tool for improving the quality of the curriculum by giving teachers feedback on how well students understand new concepts and can apply them to particular problems and tasks. Standardized tests must be modified to include open-ended questions and opportunities for students to write, and a variety of performance-based assessments must be developed.

Recent proposals to establish a national assessment of student learning must be considered carefully. Efforts to set national standards must be open to broad input from community members and educators; must incorporate rigorous expectations for

MATH AND SCIENCE

Percentage of High School Graduates Who Took Selected Math and Science Courses, 1987



Source: Unpublished data, U.S. Department of Education.

all students regardless of race, ethnicity, first language, or residential area; and must be backed up with sufficient resources to allow all students to achieve the standards. Assessment of progress toward reaching the national goals must use a broad range of indicators, including student absentee rates, percentage of students taking advanced classes, participation in extracurricular activities, and library usage. Excessive testing of school children and the misuse of tests already are issues of national concern. Additional testing, whether for national, state, or local purposes, must not be embraced hastily.

Equalize Access to Quality Education

Most minority students attend segregated schools. In 1986 more than 71 percent of Latino students and 63 percent of blacks were enrolled in schools that had a minority population of more than 50 percent. Almost one-third of Latino and black students were enrolled in intensely segregated schools — those in which 90 percent or more of the students came from minority groups.

Most of these schools are located in the inner cities, where the local school funding base is low. A recent study of conditions in urban schools reported that 65 percent of the 31 schools studied had shortages of instructional materials and 33 percent of the buildings were inadequate and needed major structural repairs. Libraries and laboratories — if they exist at all in these schools — generally are outdated and poorly equipped.

Despite changes in school funding policies since the 1960s, schools in poor districts still are likely to get a smaller share of state education money than schools in more affluent districts. In some states, the disparities had become huge by the late 1980s. In Texas, for example, wealthy districts spent about $19,000 per pupil each year, compared with the $2,100 in the poorest districts.

In Maryland, where basic state aid per pupil is about four times higher in the poorest school district ($1,744) than in the wealthiest ($389), the state subsidy still leaves a spending gap of about $2,000 per student, favoring the students in the wealthy district. The disparity has doubled since 1978. The Maryland legislature plans in 1991 to consider steps to infuse new aid into the poorest school systems.

Recently, courts in Texas, Kentucky, New Jersey, and Montana have ordered their states to equalize school funding, even if it means reducing state support for more affluent districts. As Maryland's experience demonstrates, however, even tipping state aid to favor poorer districts won't necessarily equalize per-student expenditures. Moreover, school districts have vastly different needs. Rural school districts, for example, have huge transportation costs. Inner-city school districts have special expenses associated with school security and the rehabilitation of deteriorating buildings. If all districts receive equal funding, those with a low revenue base and extra nonacademic costs will have less to spend than other districts on the ingredients of quality education — good teachers, quality curricula, and good educational materials.

Reluctance to spend more on education stems in part from the mistaken notion that the United States spends as much or more on public education than any other industrialized nation. In fact, the United States spends a smaller share of its gross domestic product on elementary and secondary education than most other developed countries. According to the Economic Policy Institute, when spending on education in grades K-12 is related to the size of the school-age population in each of 16 industrialized countries, the United States spends less than 13 of them. Only Australia and Ireland trail behind us. Moreover, the Congressional Research Service reports that in the past decade federal spending for education actually has decreased as a proportion of the gross national product, from a high of 0.54 percent in FY 1981 to a low of 0.38 percent in FY 1987 and 1988. The FY 1991 figure is 0.40 percent.

Why It's Important to Achieve the Education Goals

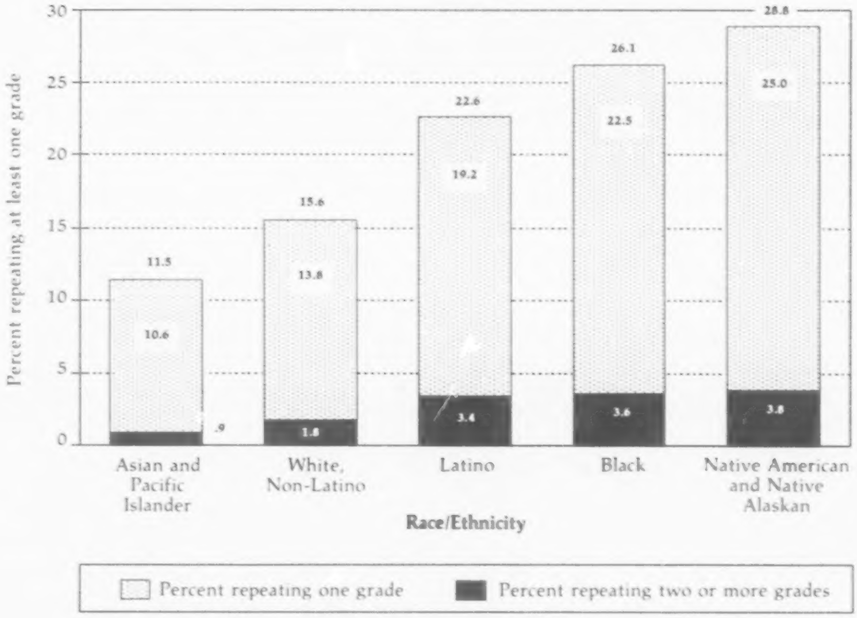
There was a time in this country when public education offered a bridge out of poverty and disadvantage. Today, the substandard schools that serve poor and minority students reinforce the polarizing trends at work in our society. Most college graduates — who generally come from middle-class families and attend our better schools — can look forward to comfortable lives. Young adults without college degrees, and especially those without high school diplomas, who are disproportionately poor and from minority groups, are finding it hard to earn a decent living. Increasingly these Americans are caught in a cycle of poverty, underachievement, early parenthood, and underemployment that threatens to repeat itself for generations.

This polarization heightens racial tensions and weakens Americans' sense of shared values and concerns. Citizens who feel isolated from the mainstream by a lack of education and economic opportunities are less likely to vote, participate in their communities, and pass along to their children the values associated with informed citizenship.

Americans always have believed that rewards should be based on individual achievement and hard work. Yet through nothing but an accident of birth, hundreds of thousands of American children currently are denied any real chance to develop their potential. Our moral integrity as a nation — as well as our economic self-interest — depends on a national commitment to change. We must offer every child a genuine opportunity to acquire the skills and the habits of mind that foster lifelong learning, well-paid work, citizen participation, and personal fulfillment.

GRADE REPETITION

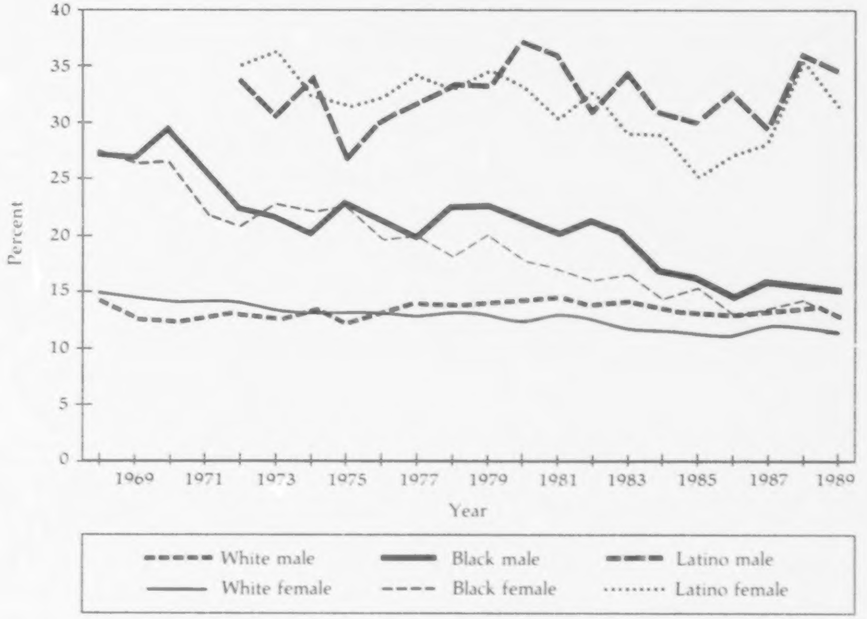
Grade Repetition Among Eighth-Graders, 1988



Source: U.S. Department of Education.

DROPOUT RATE

Dropout Rate Ages 16 to 24, by Race/Ethnicity and Gender, 1968 to 1989



- At least one in three Latino youths is out of school without a diploma, and half of them have not even completed the ninth grade. Although a large segment of these youths may be recent immigrants, only one in five school-age Latino children is foreign-born. Moreover, second-generation Latinos have been shown to have extremely low high school completion rates.

- The yearly snapshot of dropout rates for Latinos varies widely due to the small sample size. To improve the accuracy of its data, the Census Bureau should expand its sampling of Latino subgroups.

Source: Bureau of the Census.

Recommendations

This country needs a national education strategy to improve the educational achievement of all children. But black, Latino, and poor children must be at the center of that strategy because our schools consistently have neglected these youngsters in the past.

The Federal Government

The federal government must lead efforts to improve the quality of and access to education for poor and minority children. It should:

- Ensure achievement of the national education goals by committing adequate federal resources toward their implementation and by monitoring progress.
- Promote rigorous curriculum standards for all students in all states.

- Direct the federal Office of Educational Research and Improvement to collect, analyze, and disseminate racial, cultural, linguistic, gender, and economic data relating to students.
- Increase the funding for Head Start and other early childhood education opportunities that involve parents, provide quality curriculum using well-trained, well-paid staff, and deliver comprehensive health and social services. Head Start must be expanded to serve all eligible low-income children by 1994, as authorized in the 1990 reauthorization.
- Continue to expand and strengthen Chapter 1, the compensatory education program aimed at helping poor youngsters at risk of falling behind in school. Research, monitoring, and technical assistance must be increased to ensure that information about good instructional practices is disseminated among school districts.
- Increase program funding for physically and learning disabled students.
- Increase program funding for non-English-speaking students.
- Support and strengthen teacher training, especially by making money available to programs such as the Teacher Corps, which are designed to attract minorities to teaching.
- Support programs that develop the leadership skills of all educational administrators, particularly minority and women administrators, through technical assistance and training.
- Increase the proportion of grants and scholarships for low-income students and simplify loan and grant application and disbursement procedures.

State Governments

The states increasingly are participating in educational goal-setting. Beyond this, they must play a central role in establishing high expectations for all school districts and for all teacher training and curriculum development. States must:

- Eliminate funding and performance inequities among schools by raising funding levels in poorer school districts and making sure that districts with disproportionately high numbers of low-income students have the other kinds of resources they need to improve.
- Support the capacity of local education agencies to take full advantage of the flexibility built into federal and state education programs.
- Require school districts to improve and standardize their assessments of students with special needs and monitor student placements to ensure appropriate services.
- Create genuine accountability systems that assess school quality on the basis of student mastery of a high quality curriculum. All assessments should employ a wide range of techniques to evaluate performance.
- Encourage university-school partnerships to provide cross-fertilization of both types of institutions. Laboratory schools, reciprocal teaching arrangements, and in-service staff development are fruitful areas for partnership activities.
- Make sure that public and private institutions of higher education develop teacher training programs that reflect the most recent professional standards in academic disciplines and pedagogy.
- Support ongoing substantive and pedagogical retraining for school teachers, especially in science and mathematics.
- Create policies that encourage state and local efforts to link schools with human service agencies.

- Expand postsecondary education opportunities for noncollege-bound youths by supporting effective vocational education, up-to-date job training, and school-to-work transition programs.

Local School Districts

Much can happen at the local level to improve the quality of education for low-income and minority students, and students with special needs. Local school districts should:

- Analyze their standing in relation to the national goals.
- Eliminate tracking and ensure that all students are taught a rigorous core curriculum.
- Ensure school compliance with federal regulations pertaining to sex equity, civil rights, and services for students with special needs.
- Ensure proper assessment and placement of students in gifted and bilingual programs and classes for the disabled, giving special attention to the correct placement of female and minority students.
- Build partnerships that involve parents in their children's learning and in efforts to improve their schools.
- Increase the number of well qualified school counselors and school social workers in both elementary and secondary schools.

How One School Ended Tracking

Ten years ago a group of teachers at Pioneer Valley Regional School in Northfield, Massachusetts, started questioning the wisdom of tracking students according to perceived ability. Six years ago the six-year high school (grades 7-12) abolished tracking and began putting students in heterogeneous classes. Today, Principal Evert Masters believes both students and teachers would revolt if he tried to revert back to a tracked school.

While that quick chronology makes the change sound simple, it wasn't, says Masters. Like all change, it came slowly and was painful at times. Masters believes that Pioneer's success is a result of several factors:

The impetus for change came from members of the faculty. An ad hoc committee of faculty studied the research on the negative effects of tracking, looked at examples of successful teaching methods for heterogeneous classes, and recommended the first steps in making a transition.

Teacher resistance was acknowledged and dealt with. Counselors, special education teachers, and those who taught nonacademic classes supported the idea of heterogeneous classes, while those who taught English and social studies generally opposed it. Masters says he didn't realize initially how hard it would be for some experienced teachers to consider changing the courses they had been fine-tuning for years. He found it was necessary to proceed slowly and take the teachers' concerns very seriously.

After one teacher who opposed heterogeneous groupings took a university course on new teaching models and came back to school full of enthusiasm for the experiment, Masters figured that fear of learning new ways to teach lay at the heart of much of the teachers' resistance. To help them develop new skills and build their confidence, Masters arranged for the university course to be offered to all teachers at the Pioneer campus, with tuition reimbursed by the state. Each week the professor introduced a new

- Recognize and reward teacher effectiveness and student achievement.
- Require the establishment of school-based discipline review panels composed of teachers, students, parents, and community members to develop policies and mechanisms for creating a positive school atmosphere.
- Initiate collaboration with human service agencies to provide school-based health, mental health, child welfare, and other children's and family services.

Businesses

The business community has a large stake in making sure that all children achieve at the highest levels. Business should:

- Target financial, human, and technological resources to help poor schools improve.
- Expand corporate involvement at the district level. While it is helpful for businesses to adopt individual schools, as some already have done, corporations can make a larger impact by committing sustained resources to the improvement of a school district. For example, business can provide management training to principals, lend personnel to the school district as instructors in special areas, and underwrite extracurricular activities.
- Continue to be strong advocates for quality education. In recent years, the business community has been an important leader for education reform. Business leaders in every community must continue to speak out strongly for public policies that

teaching model, and during the week, teachers practiced in their classrooms, using videotapes and peer critiques for feedback.

Even teachers who were skeptical about teaching heterogeneous classes responded to the evidence that tracking creates self-fulfilling prophesies of poor performance among students in lower tracks. "We appealed to teachers' best instincts as teachers," says Masters. "They also knew how discouraging it was to teach the lower level classes."

The faculty worked hard to develop new curricula. Since heterogeneous classes required new curricula, the faculty began working together to evaluate and revise what they taught. They received a small amount of state support under 1985 state school reform legislation, which provided some money for teachers to work on curriculum development. The school also received grants from foundations and area businesses to support the work.

Parents' and students' concerns were addressed individually. Parents did not participate in the decision to end tracking, and the school did not go out of its way publicly to discuss the switch to heterogeneous classes. A member of the student council sits on the school committee and reported back to the student council about the decision, and students began to notice new faces in their classes.

When particular parents objected — and some did threaten to take their children out of the school — Masters and guidance counselors met with them privately to reassure them that the change would not harm their children academically.

Masters says the best result of the switchover is the friendlier atmosphere at the school. Scattering the "troublemakers" and placing them in courses that engage their attention virtually has ended discipline problems.

support early childhood education, more equitable school funding, better teacher training, and comprehensive supports for children who need them.

- Support employees' continuing education and involvement in their children's education. Businesses should promote and subsidize educational efforts by their employees, assist parents with child care, and give parents paid leave to participate in their children's school activities.
- Reinforce the importance of high school completion. Business can supplement the community's efforts to keep students in school through programs that expose them to the world of work while they are students and ease their transition into full-time employment after they graduate.

Communities

As extensions of the family, our religious, civic, and neighborhood organizations, social service agencies, health services, and youth-serving agencies can support and assist parents and schools in educating children. Community leaders and organizations must:

- Raise children's education as a concern for all citizens, regardless of whether they have children in the public schools.
- Work in partnership with schools to improve student achievement.
- Send strong messages to young people that achievement is valued.
- Encourage school volunteerism among all members of the community.
- Be a resource for extracurricular classes, field trips, and cultural and recreational activities.
- Create community-service opportunities for students.

Families

Families play a central role in preparing children for school, motivating them to learn, and monitoring their educational progress. Parents should:

- Become advocates for school improvement.
- Create opportunities for learning in the home.
- Make sure children attend school regularly.
- Communicate with their children's teachers regularly.
- Participate in school activities and parents' organizations.

Youth Development

Adolescence is a critical time. The growth and change that occur in youngsters between the ages of about 10 and 17 are greater than in any other phase of life except infancy. The experiences youths have and the choices they make during these years can mean the difference between a successful, satisfying adult life and an unproductive, troubled one. Dropping out of school, for example, increasingly places a teenager at risk of dead-end jobs and poverty as an adult. Early sexual activity brings risks of AIDS, other health problems, or too-early pregnancy and parenthood. Alcohol and drug use can lead to long-term, debilitating addictions.

The Carnegie Council on Adolescent Development estimated in 1989 that about one-quarter, or 7 million, of the 28 million American youngsters between the ages of 10 and 17 are seriously at risk of school failure, substance abuse, or teen pregnancy and parenthood. Another 7 million are at moderate risk.

These estimates tell us that too many teenagers are not getting the help they need to make a successful transition to adulthood. Changing patterns of family and work life in recent decades have left teenagers without the same levels of adult support and interaction that guided youths of earlier generations.

More youngsters than ever are growing up in one-parent families or in families in which both parents are employed. And a larger percentage of teenagers — especially minority teens — are growing up in poor families that cannot afford the kinds of after-school and summer activities for their children that would help fill the void in family life.

Much of the public's concern about teenagers focuses on specific strategies to prevent negative outcomes such as drug and alcohol use, teen pregnancy, teen crime and violence, and school dropout. The National Education Goals and the U.S. Public Health Service Goals for the year 2000 establish specific targets for reducing the incidence of negative outcomes for teens (see page 92). And while these and other concrete goals will be useful in guiding community leaders, advocates, service providers, and policy makers, it is important not to focus too narrowly on specific prevention strategies. First, merely preventing *negative* outcomes is not enough to ensure that young people will be *positively* prepared to assume adult responsibilities in the next century. Second, experience shows that youth programs that attempt to meet teenagers' basic need for a variety of growth-promoting experiences generally have the greatest success in changing adolescent behavior.

All young people need opportunities to develop their talents and broaden their perceptions of what their lives can be. It is a sense of possibility that gives teenagers the motivation to stay in school, resist negative peer pressure, and avoid pregnancy and parenthood and other limiting behavior. As author Lisbeth Schorr noted of teen pregnancy in her book *Within Our Reach: Breaking the Cycle of Disadvantage*, "It's much harder to learn how to prevent conception when you don't know why to prevent it."

The same is true for all behavior that places youths at risk of what Schorr bluntly describes as "rotten outcomes."

The Troubled Journey

It is always a personal tragedy when a young person's potential is not realized, but demographic trends in the United States suggest that these personal tragedies may combine to become a national tragedy as well. As the U.S. population ages, our young citizens are becoming an increasingly precious resource we cannot afford to waste. The demographic realities are these:

- In 1970 there were 57 million Americans between the ages of 10 and 24 — 28 percent of the total population. In less than 40 years, adolescents and youths in this age group will make up only 18 percent of the population, and their numbers will have declined by more than 3 million.

- In 1970 there were almost three teenagers and young adults for every person age 65 and older. By 2030 the ratio of youths to elderly will drop to 1:1.
- In less than 40 years, more than one-third of adolescents will be black or Latino.
- In 1989 almost one in six youngsters ages 12 to 17 was poor.

Selected Goals for Youths

The nation has established two primary sets of goals for adolescents and young adults, which together aim at improving the health and education levels of young Americans and reducing risk-taking behavior.

Among the goals set by the U.S. Public Health Service are the following:

- Reduce the proportion of sexually active teens to no more than 15 percent of boys and girls by age 15, and no more than 40 percent by age 17 (from a 1988 baseline of 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17).
- Reduce pregnancies among girls ages 17 and younger to no more than 50 per 1,000 (from a baseline of 71.1 pregnancies per 1,000 girls ages 15 through 17 in 1985).
- Increase contraceptive use among sexually active, unmarried people ages 19 and younger to at least 90 percent (from a baseline of 78 percent during most recent intercourse and 63 percent during first intercourse among young women ages 15 through 19 reporting in 1988).
- Reduce the proportion of 12- through 17-year-olds who have used alcohol in the past month to 12.6 percent (from a baseline of 25.2 percent in 1988), and reduce heavy drinking to no more than 28 percent of high school seniors by 2000 (from a baseline of 33 percent in 1989).

The National Education Goals for adolescents and young adults include:

- Increase the high school graduation rates to at least 90 percent by the year 2000. In 1989 the rate was 79 percent.
- Eliminate the gap in rates between American students from minority backgrounds and their nonminority counterparts. In 1989 there was a gap of four percentage points between the graduation rates of white and black students and a 25-point gap between white non-Latino students and Latino students.
- Make sure every student is exposed to a comprehensive K-12 drug and alcohol prevention education program through the schools.
- Ensure that every adult will be literate and will possess the knowledge and skills to compete in a global economy and exercise the responsibilities of citizenship. An estimated 85 percent of the juveniles appearing in court are functionally illiterate. In the 1988 general election, only about one-third of 18- to 24-year-olds voted, compared with 57 percent of the total population.
- Substantially increase the proportion of qualified students, especially minorities, who enter college, who complete at least two years, and who complete their degree programs. Among 1980 high school graduates 20 percent of white students, 11 percent of Native Americans, 10 percent of blacks, and 7 percent of Latinos had completed bachelor's degrees by 1986.

If the nation is to prosper, all young people must be guided through the trouble spots that waylay teenagers on the way to productive adulthood. Here is a quick look at some of those trouble spots.

Education

The nation's education system is shortchanging many youths, most of whom live in families with the fewest resources to guide and support their children.

- By age 15, black and Latino students are more than two times as likely as non-Latino white students to be two or more grades behind in school. And poor teens are more than three times as likely as nonpoor teens to drop out of school.
- By age 22, 14 percent of white youths, 18 percent of black youths, and 43 percent of Latino youths still have not graduated from high school.
- The percentage of poor high school graduates enrolling in college decreased from 34 percent in 1975 to 28 percent in 1987.

Sexual Behavior

Teenagers are sexually active. The Search Institute for Lutheran Brotherhood in its 1990 report, *The Troubled Journey*, reports that just 35 percent of almost 47,000 sixth- through twelfth-graders who were surveyed said they valued postponing sexual activity. A majority of both boys and girls are sexually active by eleventh grade, but only about half of sexually active teens use contraceptives all the time. According to 1988 data, by age 15, 27 percent of girls and 33 percent of boys had engaged in sexual intercourse; 50 percent of girls and 66 percent of boys had intercourse by age 17.

At all ages Latina teenagers are the least likely to have had sexual intercourse. But at every age, adolescent Latino males are more likely than their white, non-Latino peers to have had sexual intercourse.

Since blacks and Latinos are less likely than whites to use contraception consistently, they are at higher risk of unintended pregnancy.

Teenage Pregnancy and Parenthood

Teenage pregnancy and parenthood are not new in this country, but the circumstances surrounding teen parenthood have changed a great deal. In the decades before 1970, teen parents were likely to be married, and the father was likely to be employed or to have reasonable prospects of earning a wage large enough to support a family. Today a teenage mother is likely to be unmarried, and both she and her child are very likely to live in poverty. While 20 percent of all children live in poor families, fully two-thirds of children living with parents younger than 25 are poor.

Moreover, women who begin childbearing in adolescence are likely to remain poor throughout their twenties. One in three mothers ages 25 to 29 who first gave birth as a teenager was poor in 1986, compared with one in six mothers of the same age who delayed childbearing until after age 20.

In 1988 both the number of births to teens and the teen birth rate increased — the teen birth rate for the second year in a row. The rate increase was greatest for 15- to 17-year-olds, for whom the rate rose from 31.8 births per 1,000 to 33.8. These young teen mothers are even less likely than older teenagers to have finished high school or to be married, and their children confront greater health risks than those born to older teens.

In 1988 two-thirds of the births to teenagers were to unmarried teens, whereas in 1970 just 30 percent of births to teenagers were to unmarried girls. Among Latino and white non-Latino teens, slightly more than half of the births were to unmarried women, while more than 90 percent of births to black teens were to unmarried mothers. The birth rate for unmarried black teens is about four times higher at all ages than it is for young white teenagers (see chart, below).

Sexually Transmitted Diseases and AIDS

Sexually active teenagers have the highest reported rates of sexually transmitted diseases (STDs) of any age group.

- An estimated one in seven teens currently has an STD. Overall, approximately 2.5 million teens are infected with an STD each year.
- In 1989 there were 1,123 reported cases of gonorrhea for every 100,000 adolescents ages 15 to 19.

Experts report that the average gonorrhea rate in black males in this age group is about 15 times that of their white counterparts, and that the rate for black females of that age is 10 times the white rate.

BIRTHS

Births to Women Younger than 20, 1988

	Number of Births to Women				Percent of teen births to women younger than 18	Percent of births to all women that were to women younger than 20	Number of births to all women
	Younger than 20	Younger than 15	15–17	18–19			
All							
Total births	488,941	10,588	176,624	301,729	38.3%	12.5%	3,909,510
% Unmarried	65.9%	93.6%	77.1%	58.5%			25.7%
White							
Total births	319,544	4,073	106,907	208,564	34.7%	10.5%	3,046,162
% Unmarried	53.9%	86.5%	65.9%	47.1%			17.7%
Black							
Total births	152,508	6,182	63,833	82,493	45.9%	22.7%	671,976
% Unmarried	91.5%	98.9%	96.0%	87.4%			63.5%
Latino[1]							
Total births	73,858	1,621	28,257	43,980	40.5%	16.4%	449,604
% Unmarried	59.2%	84.9%	68.0%	52.7%			34.0%

[1] Only 30 states report births to Latino parents. Latinos are an ethnic group, not a race, and therefore the white, black, and Latino percentages and numbers do not equal the total for all races.

- Almost two-thirds of births to teens in 1988 were to unmarried women. The proportion for all Latino teen births hides substantial differences between various Latino subgroups. Half of Mexican-American teen births, compared with three-quarters of Puerto Ricans and two-fifths of Cubans, were to unmarried women.

Source: National Center for Health Statistics, calculations by Children's Defense Fund.

Are Teen Pregnancy Prevention Efforts Misguided?

In 1990 the authors of two separate research studies suggested that it may not make much sense to continue vigorous efforts to reduce teen pregnancy. In one study, researcher Arline Geronimus compared the economic status of pairs of sisters, one of whom in each pair began childbearing as a teen. She concluded, in effect, that life is equally unpromising for poor teenagers whether or not they have children, so they might as well have their babies while they are young. She argued that childbearing opens doors to family help and Medicaid eligibility, and babies born to poor teens are healthier than those born to women in their twenties.

All of these arguments miss the mark. First, poor teenagers do not have healthier babies. Although death rates for babies born to teens are lower *within the first 28 days after birth* when compared with babies born to women in their twenties, the death rates are *higher* within the first year of life. Moreover, babies of mothers younger than 15 are at increased risk of low birthweight, which is associated with infant death and conditions such as cerebral palsy, autism, and learning disabilities.

Second, study after study confirms that high school completion significantly reduces the likelihood of poverty. Yet women who give birth in their teens are less likely to complete high school by their mid-twenties than women who start having children later. In 1983, among 20- to 26-year-old mothers, 90 percent of those who gave birth after age 19 had completed high school. Only 61 percent of those who gave birth between the ages of 15 and 19 had completed high school.

A double standard of delayed childbearing for the rich and early childbearing for the poor contradicts American values of equal opportunity and economic justice. It is simply irresponsible for society to abandon the goal of reducing early childbearing for poor women because inadequate health, educational, and employment policies and programs make delayed childbearing less meaningful for poor teens.

In the second controversial study on teenage childbearing, researchers Dawn Upchurch and James McCarthy looked at school completion rates among teenage mothers, finding that the strongest determinant of a young mother's eventual educational achievement was whether she was in school, not her age, when she gave birth. Questioning the relevance of teen pregnancy prevention efforts, the researchers suggested that it may be a "serious oversimplification" to assume that delaying childbirth, by itself, increases educational attainment.

But Upchurch and McCarthy's data also show that early childbearing *halves* the likelihood that young women who have dropped out of school *before* childbirth will finish school. Instead of considering the implications of this sobering finding, the researchers choose to focus on teenagers who stayed in school. As a whole, their data argue most strongly for improving efforts to keep potential dropouts — with and without children — in school, and for giving educational support to teen parents who drop out early.

Data from the National Longitudinal Survey of Youth show that 16- to 19-year-old women and men with poor basic academic skills — those at most risk of dropping out — are three times more likely to be teen parents than those with solid skills. Women younger than 16 with poor basic skills are five times more likely to be parents. These are the teenagers we must reach in order to break the cycle of underachievement, school dropout, too-early childbearing, and poverty that threatens to perpetuate itself from generation to generation.

Teens' high rate of STD infection suggests that many are engaging in unprotected intercourse with multiple partners — the kinds of behavior that increase the risk of HIV infection and AIDS. In 1988 one-third of young women ages 15 to 19 reported using no protection during their first intercourse.

Actual cases of AIDS among 13- to 21-year-olds are relatively rare, which is not surprising given the lag time between HIV infection and the onset of AIDS. Of AIDS cases reported through September 1988, 865 were reported in persons ages 13 to 21. But more than 15,000 20- through 29-year-olds had been diagnosed with AIDS, a significant proportion of whom are thought to have been infected as teens. A study of HIV infection among civilian applicants for military service reveals that rates of infection are highest among blacks, lowest among whites, and intermediate among Latinos and other racial or ethnic groups.

Employment

Noncollege-bound youths — even those with high school diplomas — are swimming against a powerful economic tide as the demand for unskilled workers declines.

- The percentage of male high school graduates younger than 20 who were not in college and were working full time fell from 73 percent in 1968 to 49 percent in 1986. The percentage of young females not in college who were working full time fell from 57 percent to 42 percent during the same period.
- In terms of earnings, school dropouts as a whole were more than 42 percent worse off in 1986 than were school dropouts 13 years earlier.

Minority youths are at a particular disadvantage, battling lingering discrimination as well as changes in the economy.

- The unemployment rate for black high school *graduates* in 1988 was 25 percent *higher* than the rate for white high school *dropouts.*
- The average black school dropout earned fully 60 percent less in 1986 than in 1973.

Illicit Drug Use

The issue of teenage drug and alcohol use cuts across class and racial boundaries. White males are most likely to be drug users. In general, white teenagers are more likely than black teenagers to use alcohol on a weekly or monthly basis, and white teens also are slightly more likely to use marijuana and cocaine. Latino youths are slightly less likely than non-Latino white youths to use illicit drugs or alcohol.

Female youths are substantially less likely to use drugs or alcohol than males. In 1988, 14 percent of young women ages 18 to 25 had used illicit drugs in the past 30 days, whereas 22 percent of young males in that age group had used drugs.

According to annual surveys of high school seniors, drug use peaked in the late 1970s and with the exception of cocaine use — which peaked in 1985 — diminished after that. Among high school seniors in 1978, 37 percent had used marijuana in the previous 30 days and 11 percent had used it daily. In 1989, however, 17 percent had used marijuana in the previous 30 days and 3 percent had used it daily. Twenty-one percent of high school seniors not planning to complete college, but just 15 percent of those planning to complete four years of college, had used marijuana in the past 30 days.

As the W.T. Grant Foundation report, *The Forgotten Half,* points out, however, overall teen drug use may be higher than the surveys of high school seniors suggest. The surveys exclude young people who are not in school, young people living in institutions, homeless youths, and runaways — all of whom are especially vulnerable to drug and alcohol use and dependency.

Alcohol Use

While drug use is a problem for a small minority of teenagers, alcohol use is widespread and therefore a more generalized threat to teenagers' healthy development. Among high school seniors in 1989, 60 percent had used alcohol in the previous 30 days, a drop of only 8 percentage points since 1975. Four percent of seniors said they used alcohol daily, but fully one-third said they had engaged in heavy drinking, defined as having five drinks or more in a row, in the past two weeks.

Crime

Violent crime involving teenagers has exploded in the past quarter century, much of it relating to the drug trade.

- Between 1965 and 1988 the arrest rate for violent crimes by 18-year-old males more than doubled, from 638 per 100,000 to 1,348 per 100,000.
- In 1965 the arrest rate for drug-related crimes by 18-year-old males was 179 per 100,000; it rose to 3,358 in 1973, diminished to 1,808 in 1983, and rose to 2,695 in 1988.

In general, poverty rather than race appears to be the strongest predictor of violent crime by teenagers. Among the poorest adolescents, violent crime rates are nearly identical for blacks and whites, and at upper income levels, violent crime rates drop sharply for both races.

Teen Suicide and Homicide

Although the risk of premature death is not high for most teenagers, suicide and homicide both pose greater threats to youths now than they did in previous generations.

- Suicide rates for all adolescents are increasing, and suicide is now the second leading cause of death among young white men ages 15 to 24.
- Homicide is the second leading cause of death among all male adolescents and young adults and the number one cause of death among young black males.
- Homicide accounts for 42 percent of deaths among young men ages 15 to 24.
- In 1986 the homicide rate for Latino men ages 15 to 24 was four times greater than the rate for white, non-Latino men in that age group.

Teens' Supports: A Closer Look

With help from their families, schools, churches, and other community organizations, most teenagers manage to progress steadily and successfully through the traditional steps to adulthood: school completion, employment, marriage, and parenthood. Those who do not are more likely — but not always and not exclusively — to be adolescents who grow up in disadvantaged circumstances. These young people are likely to be poor, to have just one parent at home, and to live in neighborhoods with poor-quality schools and few community resources. They lack adequate adult and neighborhood supports and the variety of experiences and activities critical to healthy development.

Deeply stressed families: Today one in four adolescents is growing up in a one-parent family. For black adolescents the number is much higher: Black youngsters are more than twice as likely as white youths to live with one parent, and four times as likely not to live with a parent at all, but with some other relative. For single mothers, who often are relatively young, unemployed, and undereducated themselves, it is especially challenging to guide teenagers through the stressful adolescent years.

Among teenagers living in families headed by the mother, more than one-quarter have mothers younger than 35. Ten percent have a mother with only an elementary education, and just 11 percent have a mother with at least four years of college. Among teens in two-parent families, more than one-quarter have at least one parent with four or more years of college. Nearly half of all black and Latino teens in families headed by mothers live with a mother who is not employed.

Economic disadvantage: Living with a single parent vastly increases a teenager's chance of being poor. The median family income of adolescents living in mother-only families was less than $14,000 in 1988, compared with $42,000 for teens living with two parents. Even when black and Latino teenagers live in two-parent families, however, they are more likely to be poor than white teenagers who live with both parents. In 1988, 19 percent of black teens living with both parents and 32 percent of Latino teens living with both parents, compared with 13 percent of white teens living with both parents, had family incomes of less than $20,000.

High poverty rates for teens in one-parent families mean housing problems. In 1988, 7 percent of all 10- to 17-year-olds lived in families that were doubled-up in houses or apartments with other families. Among teens living with one parent, 24 percent were living doubled-up.

Isolation from adults: Strong relationships with parents and other adults increase teenagers' ability to weather the emotional turmoil and uncertainties of adolescence and help buffer teens from negative peer pressure. Yet today's teenagers spend less time with their parents or other adults than did teenagers of previous generations. Less than half of the students in the Search Institute surveys reported knowing at least three adults other than their parents. And whereas a Roper Organization poll showed that 74 percent of families with children between the ages of seven and 17 ate dinner together frequently in 1976, a decade later that number had dropped to 63 percent. Almost 20 percent of the sixth- through twelfth-graders polled in the Search Institute surveys reported that they had not had a 10-minute conversation with one of their parents within the last month.

Middle-class youths who live in suburban neighborhoods generally have some opportunity to interact with caring adults through school and neighborhood organizations and activities. But these opportunities are scarce in central city neighborhoods, where the majority of black and Latino teenagers live and where 45 percent of all adolescents in mother-only families live. Overall, the inner cities increase teens' exposure to crime and violence but offer few community supports to help them cope with their harsh environments.

Federal and state governments could, if they chose, adopt policies to encourage the development of neighborhood supports to make sure adolescents get their basic needs met. But government policy reflects the widespread ambivalence society exhibits toward teenagers. Adolescence is a difficult time, and teens need support and guidance. But because teens can be difficult to deal with, society and social services tend to ignore their needs.

Medicaid, for example, will not fully cover the health care of poor adolescents until the end of the decade, even though young children already have been covered for years. And adolescents in our child welfare systems, who generally "age out" at 18 or 19, are simply left to fend for themselves even though many are not ready, educationally or emotionally, to do so. Yet when teens' unmet needs lead them into risk-taking behavior, we tend to blame them for making poor decisions, without acknowledging that it is society's neglect that often puts teenagers at risk of "rotten outcomes."

What Youths Need

When teenagers don't have strong relationships with family members, they may fill their need for family connections by joining a gang. When they don't have opportunities to practice leadership through positive activities, they may develop their skills in the drug trade. When they don't find comfort in healthy friendships, they may look for comfort in alcohol or sex.

The good news is that society can intervene to make these kinds of destructive behaviors unnecessary. What it takes is a web of community supports with the family at the center. Elected policy makers, communities, and youth-serving agencies can shift their efforts from reacting to negative behavior and focus instead on ways to promote positive development. When society sees to it that young people's lives

EXTRACURRICULAR ACTIVITIES

Percentage of Eighth-Graders Participating in Outside-School Activities, by Selected Background Characteristics, 1988

	Any outside school activity	Scouting	Boys' or Girls' Clubs	"Y" or other youth group	4-H	Religious youth groups	Summer program	Non-school team sports
Total	71.3	14.2	10.7	15.3	9.3	33.8	19.2	37.3
Sex								
Male	70.7	18.9	11.2	14.3	8.5	29.5	16.3	45.1
Female	71.8	9.8	10.2	16.2	10.0	37.9	22.0	29.9
Race/Ethnicity								
Asian and Pacific Islander	67.9	13.1	9.1	12.7	4.7	27.4	24.2	32.0
Latino	60.3	10.9	13.2	13.9	6.1	24.6	19.5	31.3
Black	65.6	20.0	23.7	23.0	13.8	30.0	29.6	33.9
White	74.4	13.7	8.1	14.3	9.1	36.6	17.1	39.1
Native American/ Native Alaskan	60.9	17.3	18.0	15.7	10.0	27.5	22.0	34.1
Socioeconomic status								
Lowest quartile	60.0	12.9	14.5	14.0	11.1	22.7	16.5	29.5
25–49%	68.5	13.6	11.1	15.5	10.0	30.1	16.6	35.6
50–74%	74.2	14.4	9.5	14.8	9.4	35.9	18.7	38.4
Highest quartile	82.6	16.0	8.0	16.7	6.7	45.6	24.7	45.2
Location								
Urban	69.1	15.2	14.6	17.9	5.9	29.6	23.7	35.6
Suburban	71.5	14.0	9.1	14.2	7.1	33.3	18.5	40.0
Rural	72.8	13.9	9.9	14.8	14.9	37.9	16.7	35.1

- About two in five Native American and Latino eighth-graders do not participate in any outside-school activity. Both groups also are unlikely to participate in school-based extracurricular activities.
- Forty percent of students from families with few resources, compared with 17 percent of those from well-educated, affluent families, do not participate in any organized extracurricular activity outside of school.

Source: U.S. Department of Education, National Center for Education Statistics.

routinely include growth-promoting services and activities, their vulnerability to every kind of risk-taking behavior will diminish.

Adequate families: Every teenager needs a family that functions reasonably well and provides security, stability, guidance, discipline, and love. It is clear that changes in family structure and work life in the past 20 years have made it difficult for many families to provide stability, security, and guidance. Today, most parents at one time or another need some assistance in fulfilling their parental role. Middle-class families generally know where and how to seek out individuals and organizations that are responsive, and these families also have the ability to pay for special services.

Low-income families have fewer resources available in their communities and little money to buy help. Yet many of these families are fragile and desperately need extra supports to help them meet the challenge of nurturing their teenagers.

Every family, regardless of income, should have the range of supports that responds to the recent changes in family life, and these supports should treat the family's needs as an interrelated whole. Some communities are beginning to develop such family support programs, but every community needs to do much more.

Good quality schools: We know that most poor and minority youths are not receiving an education that prepares them to be responsible citizens and participate fully in the work force. School reform must include special efforts to improve the education offered the nation's disadvantaged students. Community tutoring and mentoring programs also can raise the academic aspirations and performance of low-achieving students.

Appropriate health care: Teens need health care that is accessible and takes into account the reproductive, emotional, and developmental changes they experience during adolescence. Despite their special health care needs, many teenagers do not have access to affordable health care designed to help them deal with such health issues as sexually transmitted diseases, contraception, substance abuse, depression, and stress.

Work exposure and experience: Youths need opportunities to learn about a range of career and job choices, to see how their academic studies relate to the world of work, and to develop skills that are needed in the work place. Such opportunities are especially important for noncollege-bound youths.

Opportunities for community involvement: It is just as important to promote positive social behavior in young people as it is to prevent antisocial or risky behavior. When teenagers use their skills to help others, they begin to think more highly of themselves and see their communities from a new perspective. Participation in the community also brings youngsters into contact with caring adults outside of the family and thus creates new sources of adult support and guidance. In 1990 Congress passed the National and Community Service Act to provide matching federal grants to states that establish youth conservation and service corps, school-based community service programs, and other service-related activities.

Community-based youth activities: Of all the needs that teenagers have, the easiest to underestimate from a public policy perspective are those for after-school, weekend, and summer activities that promote personal growth, social development, community involvement, and contact with adults. The connection between these needs and successful transition to adulthood is not as clear as it is for education or health care, for example. Yet the importance of social and recreational activities is acknowledged in the folk wisdom that traditionally has motivated parents to make sure their teenagers have constructive ways to fill their free time. A 1983 survey of sixth-graders and their parents in Oakland, California, found that three-quarters of the parents — regardless of income, race, or ethnicity — felt that organized activities were an important part of their children's education.

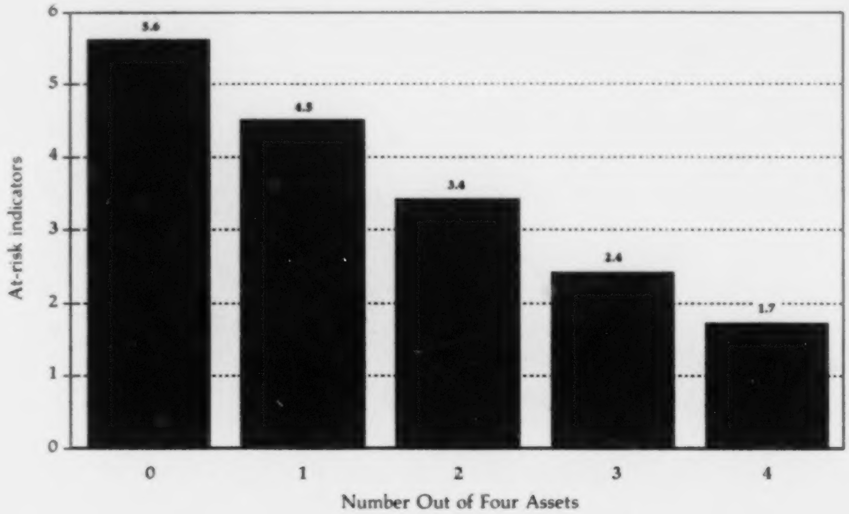
Youths themselves feel the lack of community- and school-based activities. The sixth-graders surveyed in Oakland said they had plenty of free time but too little to do that was worthwhile or interesting. Forty-one percent reported being bored. When St. Louis students were asked to select two things they would change about their school, 51 percent of the surveyed grade school students and 26 percent of those in high school said they wanted more extracurricular activities.

The traditional view, of course, is that families should be responsible for making sure their teenagers use their free time productively. Yet many families do not have the time or resources to fulfill this responsibility. Even the most concerned parents increasingly require help in preparing their children for the future.

Community-based civic, religious, and youth-serving and social service organizations traditionally have provided constructive activities for youths. There is new

ASSETS AND BEHAVIOR

Average Number of At-Risk Indicators[1] (out of 20) by Number of Assets,[2] Students Grades 9–12, 1990



[1] The at-risk indicators were frequent alcohol use, binge drinking, daily cigarette use, frequent chewing tobacco use, frequent use of illicit drugs, sexual activity, non-use of contraceptives, depression, attempted suicide, vandalism, group fighting, police trouble, theft, weapon use, school absenteeism, desire to drop out, driving and drinking, riding and drinking, seat belt non-use, and bulimia.

[2] The four assets were family support, positive school climate, involvement in structured extracurricular activities in the community and at school, and involvement in a church or synagogue.

- Positive experiences with parents, schools, youth-serving organizations, and religious institutions each reduces the likelihood of "at-risk indicators."

Source: Search Institute, *The Troubled Journey: A Portrait of 6th–12th Grade Youth*, 1990.

evidence from the Search Institute that these organizations still have a powerful positive influence on the adolescents they serve.

The Institute surveyed sixth- to twelfth-graders in 111 communities in 25 states in order to determine, among other things, the extent to which having certain assets contributed to a reduction in risky behavior such as drug and alcohol use, sexual activity, trouble with the police, and the desire to drop out of school. The four assets they examined were family support, positive school climate, involvement in structured extracurricular activities in community and school, and involvement in a church or synagogue.

They found that each of these assets contributed to a reduction in risk-taking behavior. What is interesting — and encouraging — is that the number of assets, not the particular combination, was the significant variable.

Effective Programs

Building successful youth programs requires cooperation and involvement from all parts of the community — youths, mayors, council members, community leaders, foundations, churches, youth-serving agencies, neighborhood organizations, unions, businesses, schools, and universities. Although each community must develop a network of supports for teenagers that takes into account specific community circumstances, it is important to note that effective programs share many characteristics. A single program does not have to incorporate every characteristic to be successful, but each community should develop a network of youth programs that strive for optimal effectiveness.

Good quality youth programs:

- Serve the broad needs of the individual and are accessible through a variety of entry points: remedial services, crisis intervention, and enrichment activities.
- Offer year-round programs and are open long hours.
- Attract a wide age group, allowing youths to interact with people of various ages.
- Offer continuity and do not require youths to stop participating at a certain age or after a certain time period.
- Provide contact with adults who can serve as role models.
- Provide opportunities for youths to practice leadership.
- Have the capacity to do outreach and case management.
- Refer to other providers and have the clout to broker for services.

Recommendations

Recognizing that the family, when possible, is central to youth development, society must acknowledge its responsibility to assist young people in making successful transitions into adulthood.

The Federal Government

The federal government should:

- Make new funds available to local communities for positive youth development programs. While it is necessary to provide funds for specific programs such those for the prevention of AIDS, substance abuse, adolescent pregnancy, and other negative outcomes, the federal government also must fund broader multi-service youth programs and community learning centers.

- Coordinate and streamline funding and oversight. Effective youth development programs often receive categorical funding from a number of different federal agencies, each with its own proposal process and guidelines for program development, evaluation, and reporting. The federal government should explore ways to eliminate such inefficiency.
- Fund new research and data collection efforts in the area of youth social development. There is no national effort to collect data on youths' nonacademic, nonschool-related achievements and interests. The federal government should establish mechanisms for collecting comprehensive data on the social development of children and on how youths spend their time outside of school.
- Replace the Adolescent Family Life Act with a new federal program that adequately addresses adolescent pregnancy prevention. Although the Adolescent Family Life Act is the only federal program designed specifically to address adolescent pregnancy, attempts in recent years to reauthorize the program have failed. Furthermore, the current program lacks sufficient focus on prevention, research, and evaluation, and its current funding level of $7.8 million does not represent a serious federal commitment to preventing adolescent pregnancy.

State Governments

States should:

- Develop statewide networks of multi-service centers, such as the New Jersey School-Based Youth Services Program. Developing these networks will require a serious commitment of funds to youth development programming as well as changes in existing laws and administrative regulations that inhibit interagency collaboration. Initiatives such as these require joint planning by state agencies that may not currently work closely together.
- Ensure that all children have access to good quality education programs on family life and sexuality, as well as counseling services and social development activities. These can be offered through schools, recreation departments, and community mental health agencies.
- Provide supplemental funding for school systems willing to house coordinated after-school and summer programs.

The Local Level

Communities should:

- Establish public-private youth councils. These councils should be charged with assessing youths' needs, enhancing program availability, and improving the quality and coordination of after-school and social development services.
- Develop a mechanism for ensuring that youths are involved in the design and implementation of all youth-serving programs in the community.

Public youth-serving agencies should:

- Create a collaborative, comprehensive network of after-school and summer activities for youths. The after-school and summer periods offer opportunities for productive youth development programming, including informal educational and leadership activities. Agencies should engage in joint planning and scheduling to increase program availability, eliminate service duplication, and maximize access to services.

Schools should:

- Set aside time during the regular school day for the development of students' personal and social skills. Activities for students should include sports and debate teams, drama and music clubs, and peer counseling groups.

A Bridge to Services for Teens

The Lemmon Avenue Bridge program, located in a marginal neighborhood in Dallas, Texas, offers youths between the ages of 12 and 18 access to 24 separate agencies that provide services as varied as football physicals, dental checkups, mental health counseling, Camp Fire activities, and photography lessons.

The Bridge grew out of the Impact '88 project of the Community Council of Greater Dallas, whose goal was to develop teen pregnancy prevention initiatives. The program has evolved to assist teenagers in many areas of their lives, encouraging them to stay in school, use their free time productively, improve their physical and mental health, and develop their decision-making skills — thereby reducing their vulnerability to drugs, violence, and teen pregnancy.

But the program's goals are even more ambitious, says Executive Director Truman Thomas. The Bridge hopes to familiarize its clients with a variety of community resources, "so they can continue to use services like the health department, for example, as they are intended to be used." In addition, Thomas hopes to strengthen youth services throughout Dallas by helping traditional agencies adapt their services to meet adolescents' needs and preferences. "A lot of the existing agencies aren't attractive to adolescents, even though they provide good services." says Thomas. "We can reconnect youth with these agencies by helping the agencies change the way they package their programs." Housing separate services in one location facilitates that goal while circumventing the service limits imposed by categorical agency funding.

The Bridge staff members — five full-time and one part-time — manage the building, coordinate the program, and provide program outreach. The Bridge also does the intake and case management for the 300 male and female clients it can accommodate.

From its formative stages, the Bridge has been popular in the immediate community, among established social service agencies, and among Dallas' civic leadership. Its association with the Community Council of Greater Dallas gave the Bridge "instant credibility as well as technical assistance and some management support," says Thomas. The program brought a range of services to a largely unserved area at little additional cost to the providers and without competing with those providers for funding.

Nonetheless, says Thomas, the Bridge has encountered its share of challenges since opening its doors in September 1989.

Achieving the right mix of services. Thomas advises that neighborhood needs be surveyed and careful attention be given to the right combination of agencies before agencies are invited to participate. He says the Bridge is fortunate to have a good mix of services and agencies even though a door-to-door needs survey of the neighborhood was completed after the program was announced and agencies had volunteered to participate. As a result of the survey, three agencies were invited to join those that initially volunteered, and three other agencies asked to participate after the program began.

Encouraging flexibility in participating agencies. From time to time, some participating agencies have been reluctant to modify their traditional ways of operating — for example, extending their services to after-school and evening hours, when students are available, or adapting their therapeutic models to reflect cultural differences among families. "The agencies say, 'We've been doing things this way for 30 years, why should we change now?'" says Thomas. Other agencies have been territorial about turf they earlier had carved out in the community, and some agencies have not been enthusiastic about increasing the number of high-risk youngsters they serve. "They tell me they already see their share," says Thomas. "They ask, 'Why should we change in order to see more?'"

To deal with these kinds of issues as well as to discuss case management, the Bridge holds monthly meetings with representatives of its participating agencies. The goal is to air issues of concern and find creative solutions. "We don't want them to take the ball and go home," says Thomas. "We keep saying we want to play together; we just want to change the game a little."

Thomas says the agencies have considerable motivation to modify their practices to achieve the program's goals because the Bridge is respected in the community and has a strong, involved board of directors composed of well-known and influential leaders in the social services arena. "The deck is stacked a little in our favor," says Thomas.

Solving the transportation problem. The Bridge is located within walking distance of a junior and a senior high school, but students have transportation problems nonetheless. Public transportation is poor, and students have difficulty getting between their homes and the Bridge building, which is not located in a residential neighborhood. Although the program has considered using a donated van, Thomas says he has not yet solved the related problems of safe parking, insurance, and a staff driver.

Finding an adequate building. Thomas urges planners of similar programs to think carefully about their future space needs. The Bridge is facing a disruptive move because it has outgrown the building it has been renting from the Southland Corporation for $12 a year. The program is negotiating with the corporation for another site.

Finding permanent funding. One of the things that makes the Bridge popular is the fact that services are provided with money that already exists in the budget of each participating agency. The value of those services is estimated at $450,000 per year. The core funding for the Bridge program, which absorbs the overhead for service providers, is provided by a national foundation, several local foundations, and local corporations. But because foundation support generally is not permanent, Thomas is looking to develop a source of permanent funding.

Thomas is hopeful about the program's future. In spite of some "turfism and resistance," the participating agencies are working together to improve their services, and the Bridge's clients have easy access to the activities and services they need and want.

Private youth-serving organizations should:

- Increase collaboration among themselves and with the public agencies that serve youths.
- Expand programming into new areas. Although it is important to strengthen recreation programs, private agencies also must develop new programming to meet new realities. Youths need academic support, employment development activities, health and counseling services, and exposure to specific problem-prevention curricula, in addition to recreation opportunities.
- Target youths most in need of services. Private organizations should locate programs and facilities in low-income neighborhoods and public housing developments. These organizations also should make more effort to coordinate and collaborate with schools, juvenile justice agencies, and social service and child welfare agencies.

Businesses and foundations should:

- Contribute more funds to programs that emphasize general youth development.
- Fund research in youth social development. Business and foundations can assist in developing a national data set that provides comprehensive information about youths' nonacademic, nonschool-related achievements and interests.
- Create partnerships with schools and community-based organizations. These partnerships can build mentoring and tutoring programs, employment-related activities, and social activities that bring students and adults into regular and sustained contact. Businesses and foundations should encourage staff members to become personally involved with youths and youth programs.

Housing and Homelessness

At one time the image of homeless people in America was of single men ravaged by drugs or alcohol, or of elderly men and women with mental illnesses wandering city streets with all their belongings in tow. But that picture now is obsolete. Since 1980 homelessness increasingly has become a problem afflicting families with children. Today families with children make up one-third of the nation's homeless population. In some parts of the country they make up the majority. Nationwide, one in every five homeless people is a child. Homelessness among families today is a direct result of falling family incomes and a sorely inadequate supply of low-cost housing.

The nation must ensure that every family has decent housing by the year 2000. This means restoring funding, starting now, for federal assistance to increase the supply of low-cost housing. At the same time, the government must ensure that full-time work — combined with public assistance if necessary — yields incomes high enough to allow a family to pay for safe, comfortable housing without sacrificing other essentials such as food, clothing, and health care. And communities must strongly support services to help families in crisis — because of a layoff, domestic violence, or a medical emergency — so that they don't become homeless.

As a nation, we cannot afford the effects of homelessness on children. In the short term are the costs of shelters, which take more public dollars than helping families pay for housing. Add to that the cost of emergency medical care for children living in unsanitary, hazardous conditions, several times the cost of preventive health care; the cost of remedial education for homeless children who miss a lot of school, more expensive than helping them stay in school; and the cost of foster care for children whose parents cannot find affordable housing, much more expensive than the housing itself. In the long term, the country loses valuable human resources because children who spend significant portions of their lives poor and homeless have a greater chance of school failure and less chance of securing gainful employment, becoming self-sufficient, and contributing to the economy.

How Homelessness Hurts Children

At a typical homeless shelter, usually an old hotel, a church basement, or a dilapidated building, an entire family will be assigned to one room or just a set of cots. There probably will be a television, some heat, maybe a usable sink, and no phone. The toilet, if there is one, may or may not work. There is a good chance the paint on the walls will contain lead. Families may be allowed to cook in a common kitchen. Or the shelter may serve a daily meal, but very likely only on weekdays. There will be no laundry facility.

Under such conditions, even the strongest children soon can fall victim to a host of health and nutrition problems. In New York City's barracks-style shelters, 42 percent of the parents interviewed by the Citizens' Committee for Children in 1988 said that they or their children, or both, had had diarrhea for more than three days. Another 1988 study, by Dr. Garth Alperstein, found that homeless children were twice as likely as poor children with homes to have elevated blood lead levels, a condition associated with developmental delays. In Los Angeles, 23 percent of the homeless parents interviewed in a study by Dr. David Wood said that their children often or always were hungry but that there was not enough food to give them.

For Kate, the health problems began before she even was born. Her mother, Barbara, walked the streets all day, every day while she was pregnant because the

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shelter she slept in was open only from 7 p.m. to 7 a.m. Barbara knew she should rest, but there was no place to go. By the time Barbara delivered, she had advanced stage pneumonia. Kate, born weak and sickly, died 28 days later.

Many babies born to homeless mothers don't live past their first year. A 1987 study of pregnant women in New York City shelters conducted by Dr. Wendy Chavkin found that they were three times less likely than housed poor women to have received any prenatal care. The infant mortality rate — death in the first year of life — among these women's babies was 30 percent higher than that of babies born into homes.

Emotional Distress and Family Separation

Being evicted suddenly, losing furniture, clothes, toys, and books overnight, and moving constantly from shelter to shelter are common experiences among homeless families. The resulting emotional damage can be so great that many school-age children regress to toddler-like behavior or become unusually withdrawn or dependent. Younger children, too, show visible signs of emotional distress, such as learning to walk or talk late, having short attention spans, and having trouble making friends.

Often family members are separated because some shelters accept only women and young children, while others take only men and older boys. In some cases families are transferred suddenly from one shelter to another and forced to move while a child is at school or a parent is out looking for a job.

In a 1985 New Jersey study, housing-related problems were a factor in 40 percent of foster care placements in the cases reviewed. The National Black Child Development Institute found in 1986 that housing-related problems were a factor in 30 percent of the placements it studied.

The fear never lets up. The principal of one Washington, D.C., elementary school with a large number of homeless students noted that many of these children go through the whole school day worried, "worried that their mamas would be gone when they got back, gone to the store, gone to look for a job, gone to another shelter."

Barriers to Learning

Poor health and the constant emotional distress of extreme poverty and unstable housing can put young children months or years behind in physical and cognitive development. For school-age children, simply getting to school can be difficult. Achieving in school is even harder.

Residency requirements are one of the biggest barriers keeping homeless children from school. In many cases homeless children are not allowed to attend a school near the shelter or a school in their old neighborhood because technically they are not residents of either community. Although in 1987 Congress explicitly prohibited school districts from using residency requirements to bar homeless children from school, the National Center on Homelessness and Poverty reported in 1989 that schools in three-fifths of the states it studied still would not admit homeless children without proof of local residency.

Other homeless children are kept out of school because schools often require birth certificates and immunization or school records, documents that homeless families, with all their belongings in bags or boxes, have a hard time finding. Obtaining them from the appropriate agencies often is expensive and slow. Although they are obligated to transfer records among themselves, many schools are slow to do so, even when parents request the transfers.

Transportation is another challenge. In 1989, 22 states reported that lack of transportation was a major reason that homeless children were missing school.

Even if a family overcomes all these barriers, children still may resist going to school because the other children taunt them for being homeless, or because it is too hard to adjust to new teachers and new schoolmates. And if they finally manage to get to school, homeless children, who may be sick or hungry, or have uncorrected vision or hearing problems, frequently have a hard time concentrating and achieving.

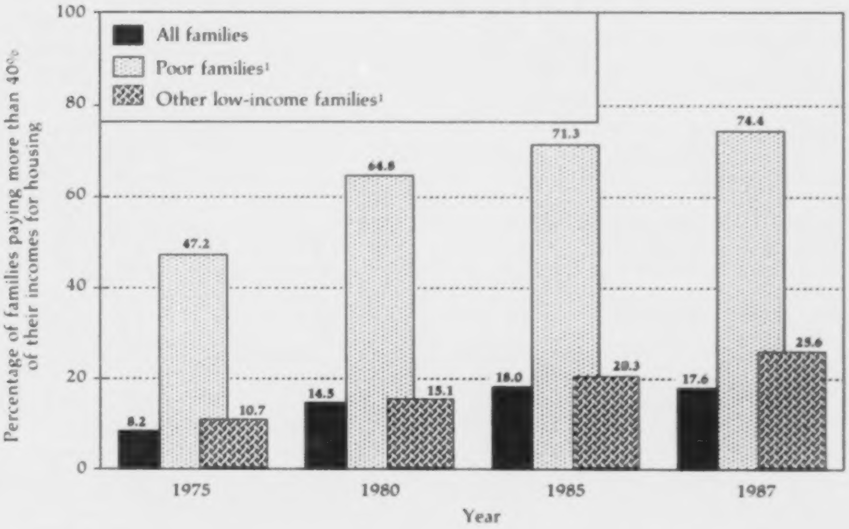
In New York, one girl was placed in special education after the family moved through seven shelters in 10 months. The girl's mother told Dr. Yvonne Rafferty of the Advocates for Children in New York, "I think what she really needs is to stop going to a different school every month. She didn't have this learning disability before we lost our home. I think what she really needs is a permanent home."

How Many Are Homeless?

Debates rage about how many homeless children there are in the United States. The U.S. General Accounting Office estimates 68,000 nightly, while at the other extreme, the National Coalition for the Homeless contends that 500,000 children are homeless every night. Assuming the number is 100,000, a fairly conservative estimate

HOUSING SQUEEZE

Percent of Families with Children Who Spend More Than 40 Percent of Their Income on Housing



Source: Social and Economic Indicators for Families with Children, prepared by the Center for Labor Market Studies, Northeastern University, for the Russell Sage Foundation.

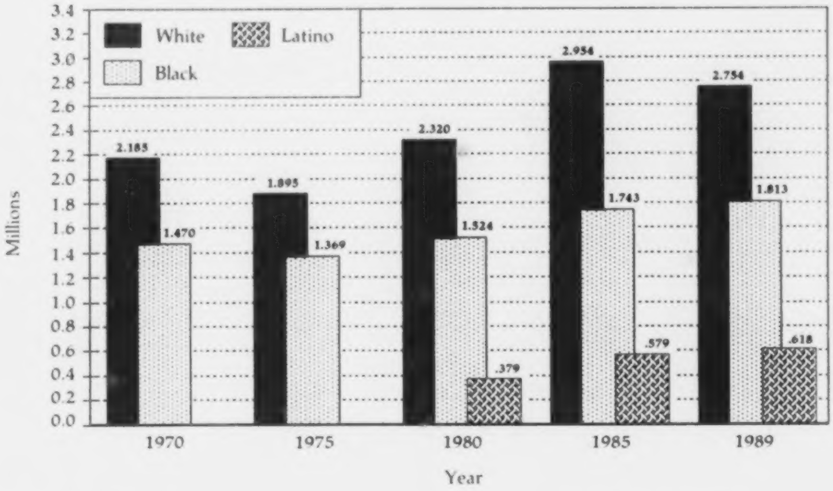
[1] Poor families are those with incomes below the poverty line. In 1987 a family of three with an income less than $9,056 was considered poor; "other low-income" families are those with incomes between 100 and 200 percent of the poverty level. Twice the poverty level in 1987 was $18,112.

Note: The federal government considers housing affordable if it consumes no more than 30 percent of a family's income.

DOUBLING UP

Number of Children Living Doubled Up[1]

(1970-1989)



[1] "Doubled up" means more than one family sharing a residence. It does not necessarily denote overcrowding, but the rapid increase in doubled-up families does indicate the growing difficulty families experience in finding affordable housing.

by the National Academy of Sciences, on any given night the population of homeless children is larger than the total number of children in Pittsburgh, or the entire population of Ann Arbor, Michigan, or Eugene, Oregon.

The estimates of the size of the homeless population vary so widely in part because there is no agreed upon definition of the word "homeless." And even if there were, it still would be virtually impossible to obtain a solid count. Knocking on doors, a traditional method of counting people, cannot accurately count families that have no residences of their own. Counting the number of families living in shelters isn't sufficient, either, because it misses the families living in cars, vans, abandoned buildings, and public parks and campgrounds. Moreover, many parents, afraid that they will be labeled neglectful or that their children will be taken from them and placed in foster care, hesitate to identify themselves as homeless. Families fleeing from domestic violence — as much as half of the homeless population in some communities — also may evade counts to avoid being found by the abuser.

But while organizations disagree over the number of homeless families, they nearly all agree that the number is growing. The U.S. Conference of Mayors reported that in 27 large cities surveyed, requests for shelter by homeless families with children grew by an average of almost 30 percent between 1988 and 1989. Between 1989 and 1990 requests increased again, by an average of 17 percent in 30 cities surveyed. All but one of these 30 cities expected continued increases in 1991.

Another thing is certain: These estimates overlook countless more families on the verge of being homeless. Economists say that to budget money for other necessities, families should spend no more than 30 percent of their incomes for housing. Yet in

1987 almost half of all renter households with incomes below the federal poverty line — or 3 million households — spent more than 70 percent of their incomes on housing. Moreover, an estimated 5 million children and parents now double or triple up with friends or relatives and would be homeless if they were not able to count on these other families.

Who Are Homeless Families?

Demographically, homeless families with children look remarkably like the larger population of poor but housed families. Homeless families are virtually all those poor families that, for a range of reasons, lose their precarious hold on their homes.

One-parent families: One-parent families, most often headed by women, make up more than half of all poor families and an estimated three-fourths of all homeless families, according to the U.S. Conference of Mayors. One-parent families especially are in danger of losing their homes for the same reasons they are more likely to be poor: because there is only one wage earner in the family, and because women's median income for year-round, full-time employment still is only 69 percent of men's. Inadequate child care also forces many single parents to work part time, which not only reduces their wages, but in most cases also cuts out employer-based health insurance, a critical way for families with children to meet health care costs.

Two-parent families: Although they account for a smaller percentage of homeless families, two-parent households by no means are immune to the crisis, especially in rural areas. Indeed, families with two parents may be more vulnerable than current estimates suggest, since parents often have to separate after they become homeless to obtain shelter or to qualify for public assistance available only to one-parent families.

Young families and young children: Young families, another group particularly likely to be poor, also are in special danger of being homeless. And since young parents generally have young children, the latter make up a disproportionately high percentage of all homeless children. In Oregon, for example, 50 percent of the children in family shelters in 1988 were younger than five, according to the Oregon Shelter Network.

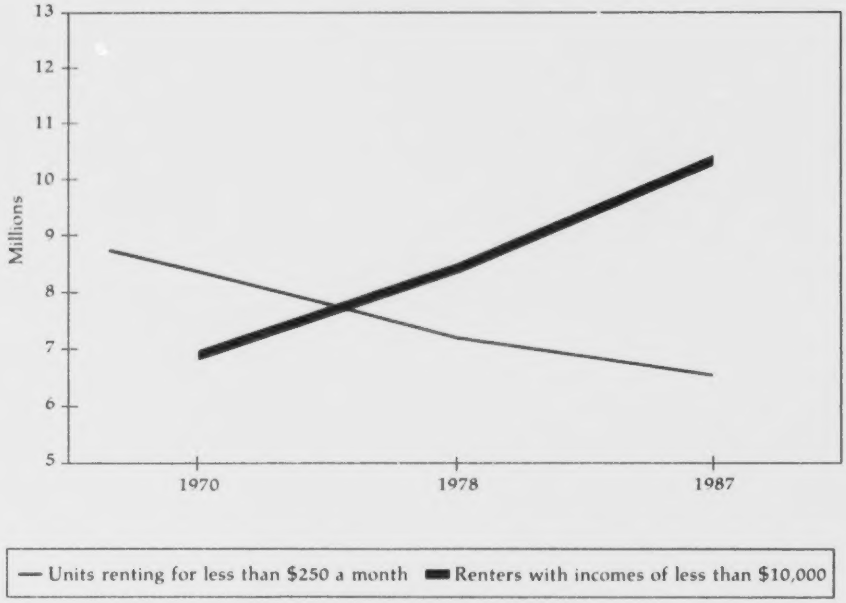
Rural families: Often forgotten are rural homeless families, not only because of the common association of homelessness with big city living, but also because rural families are less likely to have access to formal shelters, where they could be counted easily. Yet rural communities all over the country are reporting more and more requests for help from homeless or near-homeless families with children. Data from the Housing Assistance Council show that in rural counties in Kentucky, more than 2,700 children are homeless on any given night. In rural parts of Iowa, more than 2,500 children are homeless. Almost 2,400 in rural Idaho and nearly 2,000 in rural Arkansas are homeless nightly.

Underlying Causes of Homelessness

Family incomes are declining and the supply of low-cost housing is down. These two trends are the greatest causes of homelessness today. The U.S. poverty rate, after declining steadily in the 1960s and remaining fairly stable in the 1970s, increased considerably during the 1981-1982 recession and has come back down only slightly since then. New jobs opening up in the economy increasingly have been service sector jobs that seldom pay enough for a family to afford safe, decent housing as well as food and other necessities. The federal minimum wage stayed at $3.35 for most of the decade while inflation climbed year after year. Sweeping cuts in federal assistance to the poor throughout the 1980s only made matters worse. By 1989, 12.6 million U.S. children were living below the federal poverty line ($9,890 for a family of three), 2.5

RENTERS AND UNITS

Low-Income Renters and Low-Rent Units 1970, 1978, and 1987



(All amounts in constant 1987 dollars)

Source: Center on Budget and Policy Priorities.

million more than 10 years ago. More than two-fifths of this total lived in dire poverty, with incomes of less than 50 percent of the poverty level ($4,945 for a family of three).

At the same time, housing costs have soared. A family supported by one year-round minimum wage job — not at all unusual for today's young families — must live on $708 a month (assuming the new $4.25 per hour minimum wage rate). By the federal government's calculation, this family can afford to spend $212 a month on housing. The number of apartments in that price range, however, has become less and less adequate to meet the need. In 1970 there were 2 million more units renting for less than $250 a month than households needing them, according to the Center for Budget and Policy Priorities. By 1987 the ratio had reversed, with more than 10 million low-income households competing for 6.6 million units at that price.

Slashed Federal Support for Low-Cost Housing

In 1983 President Reagan said in a speech in Minnesota, "Now you're hearing all kinds of horror stories about the people that are going to be thrown out in the snow to hunger and [to] die of cold and so forth. . . . We haven't cut a single budget." Yet by the end of Reagan's years in office, funds for low-income housing programs in fact were cut — by almost 80 percent.

In the 1980s the construction of low-cost housing stopped almost completely. In 1986 the U.S. Department of Housing and Urban Development (HUD) subsidized construction of only 25,000 housing units nationwide, compared with 200,000 and 300,000 units, respectively, during the Ford and Carter presidencies. The Council of Large Public Housing Authorities estimates that waiting lists for public housing nationwide now carry 2 million parents and children, many of whom will wait more than five years before getting units. Eighteen of the 27 cities surveyed by the U.S. Conference of Mayors in 1989 had closed their waiting lists because they were so long.

To make matters worse, many existing public housing units were left to deteriorate beyond standards for occupancy in the 1980s. Nationwide, more than 70,000 units now sit vacant.

Government loans to develop low-income housing also have all but dried up. During the 1960s and 1970s, under the Section 8 New Construction and Rehabilitation program, the federal government provided low- and no-cost loans to developers in exchange for their promise to rent all or some of the units they build at low rates. However, despite the growing need, virtually no new units have been funded under this program since 1980.

Rather than support the construction and renovation of low-income housing, the Reagan and Bush administrations have favored subsidies that help families search for housing on their own. Established in 1974 under Section 8 of the 1937 Housing Act, and commonly known as Section 8 certificates and vouchers, these subsidies allow low-income families to pay only a portion of their rent, with the government making up the difference.

But the certificate and voucher programs do nothing to increase the supply of low-cost housing units; they leave poor families to compete for the meager number of affordable units in the private housing market. With simply not enough units to go around, many families cannot secure housing before their subsidies expire. A 1987 HUD study found that 40 percent of the households with Section 8 certificates, for example, returned them without finding a place to live.

Eroding Value of Welfare Assistance

Families that receive Aid to Families with Dependent Children (AFDC), the main federal-state welfare system, also find it almost impossible to locate housing they can afford. AFDC was created as a safety net for families without employment because a parent is disabled, absent, or has died. But in 1990 the median benefit was only $364 per month for a family of three. In 39 states and the District of Columbia, the entire maximum AFDC grant for a three-person family was less than the federally set fair market rent for a modest two-bedroom apartment in the states' lowest cost areas.

Not only are AFDC benefits absurdly low, but the checks don't always come regularly. States sometimes apply rigid rules that reduce or temporarily stop benefits in intentional efforts to reduce caseloads. Often the checks are lost in the mail or stolen. Almost one in every five homeless mothers in Chicago interviewed in a recent study by the Chicago Institute on Urban Policy, for example, said that they were homeless because their AFDC checks were lost or stolen.

Housing Discrimination

More than 20 years after the Fair Housing Act made discrimination on the basis of race or national origin illegal, minority families often still are unfairly hindered when they try to rent housing or apply for home mortgages. Discrimination against families because of their children also limits many poor families' housing options. In 1980 a HUD study found that three-fourths of all housing units surveyed either barred children or accepted them only under restrictive conditions.

The current housing shortage only makes the situation worse. With so many families competing for affordable units, landlords can wait until the "right" tenant comes along before renting their apartments. Although in 1988 Congress amended the Fair Housing Act to outlaw discrimination against families with children, biased practices still go on. Since the law became effective in 1988, more than 12,000 families have filed discrimination complaints with HUD, and no doubt many more cases go unreported.

Domestic Violence

Although abuse of women and children happens in both rich and poor families, it is most strongly linked to homelessness among poor women. When low-income women and children leave home to escape abuse, they rarely have the resources to set up a new home quickly. Meanwhile, they go to homeless shelters, double up with friends or relatives, or sleep on the streets. Studies of homeless families in communities throughout the nation consistently find that between 25 and 50 percent of these families left home to escape domestic violence.

The Nation's Response to Homelessness

Overall, government and private efforts to address homelessness have focused much more on patching up the damage to families after they have lost their homes than on preventing homelessness. Shelters, emergency food or cash assistance, and other protections for homeless people are necessary — absolutely — but they alone never can be a full solution.

The federal government, which more than any other institution can and should take the lead in providing long-term, systematic solutions to poor families' housing crises, has failed to do so. The government's response to homelessness has been to establish small and limited programs to meet homeless families' emergency needs, rather than to step up efforts to raise poor families' incomes and increase the supply of low-cost housing.

Most of the federal government's programs to address homelessness were created by the Stewart B. McKinney Homelessness Assistance Act, enacted in 1987. The McKinney Act encompasses more than 20 separate programs that provide emergency food and shelter, health care for the homeless, and educational protections for homeless children. Because of the McKinney Act's Education for Homeless Children and Youth Program, for example, states and school districts must remove the barriers — including requirements for immunization or school records, proof of residency, or other documents — that keep homeless children out of school. Since their creation, however, McKinney programs never have been funded fully.

Key Developments in Housing and Homelessness in 1990

The year 1990 was one of mixed developments in housing and homelessness. Congress enacted legislation that, if fully funded, would increase the supply of low-cost housing, but has not appropriated any funds for these new initiatives. While financial difficulties kept most states from launching comprehensive campaigns against homelessness, a few states were able to step up efforts to help near-homeless families hold on to their housing. A number of services for those who already are homeless also were strengthened.

Federal Developments

Curbing rent hikes: In what may be its most significant move to protect near-homeless families in a decade, Congress passed a law that will keep the rents of hundreds of thousands of low-income families from escalating to unaffordable levels. The National Affordable Housing Act establishes a set of complex procedures that make it very difficult for most owners of apartments built with federal subsidies to raise their rents and turn out their low-income tenants.

Helping families avoid separation: In 1990 Congress for the first time acknowledged through legislation that homelessness and housing problems alone should not push children into foster care. As part of the National Affordable Housing Act, one such family preservation measure — the new Family Unification Program — authorizes $35 million for new Section 8 housing certificates. The new certificates will be available for otherwise eligible families whose children are at imminent risk of being placed in — or cannot return home from — foster care because the family lacks adequate housing.

To help families bring their children back from foster care, the new law also says that children placed in foster care must be counted when agencies determine a family's size and composition in deciding its eligibility for housing assistance. Previously, the assistance often was based only on the number of children actually living with the parents, which meant that many families could not afford housing that would accommodate the children away in foster care. The agencies then deemed that the children must remain in foster care because their parents were unable to provide adequate housing for them.

Families threatened with separation got another boost in 1990 when Congress amended the Child Abuse Prevention and Treatment Act to include a $12.5 million demonstration program to prevent child abuse, neglect, and other causes of family separation in families with housing problems. Child welfare agencies, working with housing agencies, can use the funds for a number of housing-related services, including hiring staff to provide housing counseling and help families search for affordable housing.

Authorization of family support centers: In another step to strengthen families, Congress authorized $50 million for up to 30 demonstration grants for family support centers in or near publicly subsidized housing. The multi-service centers will help families better provide for their children's needs and cope with such problems as substance abuse and domestic violence.

Strengthening educational protections for homeless children: In 1990 Congress amended the McKinney Act's Education for Homeless Children and Youth Program, which focuses on removing barriers that keep homeless children from attending school. The new amendments say that states must go beyond the existing law's mandate to remove residency requirements for school enrollment. Schools now must revise all policies that hinder homeless children, including regulations regarding guardianship, transportation, and immunization and school records. In addition, Congress for the first time authorized funds to help state and local education agencies provide remedial education, transportation, and other services to enhance homeless students' school achievement and attendance.

State Developments

While innovative efforts to provide affordable housing and prevent homelessness were proposed in several states, many of these proposals eventually were rejected because of financial pressures. Several states actually cut back on services in 1990.

For example, the New York legislature passed a bill to provide housing subsidies to families in danger of becoming homeless and losing their children to foster care. But Gov. Mario Cuomo vetoed the bill on the grounds that it was fiscally "imprudent," despite the apparent cost-effective nature of the program: Each eligible family would have received up to $3,600 a year in subsidies in a state that now spends about $12,000 a year for each child in foster care.

Homeless people in Washington, D.C., also lost ground this year when the city council repealed a right-to-shelter law, which had guaranteed shelter to any homeless person who needed it. Soon after repeal, the law was put back on the ballot for public reconsideration, but was voted down.

Despite the negative developments, the year was not without its successes. Several states created or expanded initiatives to prevent homelessness and to improve the education of homeless children.

Homelessness prevention: Connecticut expanded a pilot program that provides temporary subsidies to families unable to pay their rent. The program also includes a community mediation component to help resolve tenant-landlord disputes.

Washington State initiated a similar program to provide financial assistance and comprehensive casework to families at risk of losing their homes. The program will operate in four communities: one rural area, one small city, and two larger metropolitan regions.

In Oklahoma the Housing and Finance Agency began making grants to nonprofit organizations to house needy families for a year and provide case management, drug and alcohol counseling, employment counseling, and other services to help the families become independent. At the end of the year, the family is expected to start living on its own but is provided with necessary transitional services.

Washington State's Homelessness Prevention Program

In 1986 the Washington State legislature established a Housing Trust Fund to ensure a continuous financial resource to help low- and very low-income families secure housing. Since then the Housing Trust Fund, administered by the Department of Community Development (DCD), has committed $26.8 million to buy, build, rehabilitate, and operate 3,000 units of low-income and special needs housing across the state. One of the Housing Trust Fund's newest demonstration projects, launched in 1990, is the Homelessness Prevention Pilot Program, which provides rent or mortgage assistance to families in danger of losing their housing.

The program awards grants to cities, counties, local housing authorities, and nonprofit community organizations, which in turn provide rent or mortgage assistance to individual families. Part of the grants also may be used for case management to link families with community supports that can boost their financial self-sufficiency and help them maintain stable housing.

To be eligible for assistance, families must have children and the families' incomes must be at or less than 50 percent of the median in the area. Families must be facing an unavoidable financial crisis and may receive rent or mortgage assistance for up to six months, including up to three months of arrearage payments, if necessary. Beyond such general rules, the state leaves most specific decisions about the use of the money to the local organizations. Four organizations — two in urban areas and two in rural areas — have received grants totaling $360,000 and are serving about 220 families.

The Homelessness Prevention Pilot Program provides some useful lessons about advocating such initiatives. In the midst of state budget problems, the legislature set aside money for homelessness prevention partly because the Housing Trust Fund has a good reputation throughout the state. Another factor was a strong, vocal group of advocates that gave legislators and the governor plenty of concrete, reliable information about

Illinois also increased its efforts to ensure decent, affordable housing to low-income families. About $14 million, generated through an increase in the real estate transfer tax, will be awarded to local government agencies, nonprofit organizations, and private developers each year. The grants are to be used to construct new housing, rehabilitate existing units, or to subsidize rent. Most of the funds will support housing for very low-income households.

Education of homeless children: In 1990 Texas launched a comprehensive campaign to enroll all homeless children in school. After discovering that failure to maintain and transfer school-related records was a major barrier keeping homeless children from enrolling in school, the Texas Office of Assistance to Homeless Children developed a statewide data base for these records. The data base enables districts to get immunization records and other data from a centralized source.

At the same time, the state Board of Education issued new rules requiring schools to enroll students immediately with or without records (except immunization records). Schools also must transfer students' records within 30 days of enrollment in a new school.

The state also developed and disseminated posters, brochures, and radio and television announcements to alert homeless parents of their children's right to attend school. In addition, parents now can call a new toll-free phone number to get help in

the state's homelessness crisis, says Corine Foster, DCD's manager of emergency housing programs. It also helped that the governor and a particular legislator were strong supporters of homelessness prevention, says Foster.

Washington's program also illustrates some key elements of successful cooperation between state funders and local family-serving organizations. One of the most important things for state funders to do, says Foster, is to give local organizations substantial latitude in the use of funds. Because families in different parts of Washington State face imminent homelessness for different reasons, it is important that the program allows local organizations to use their grants for the types of assistance the organizations consider most appropriate.

In addition, to ensure the organizations get maximum use of their grants, says Foster, the Homelessness Prevention Program insists that grantees collaborate with other community groups. Local organizations, for their part, must track participating families for several months after they stop receiving assistance and evaluate the families' financial and housing status.

Another key to smooth cooperation between the state agency and grantees is timely and clear communication — not just through formal program guidelines and grant proposals, but through phone calls and other informal contact. For example, because of a misunderstanding about families' income eligibility, one organization that received a grant delayed helping families for several weeks. A timely phone call — either by the local organization or by the state agency — might have solved the problem earlier, says Foster.

Despite its promise, the Homelessness Prevention Program faces tough challenges. Even if the program demonstrates effective strategies to ward off homelessness, state budget problems may keep it from serving all the families who need its help, or may eliminate program funding altogether.

enrolling their children, including assistance in locating immunization records. Problems called in on the hotline generally are resolved in a day or two, according to the program director.

Recommendations

The key to eradicating homelessness is to increase substantially families' incomes and the supply of affordable housing across the country. The long-term goal must be to ensure every family decent and stable housing. All segments of society have a role to play in meeting that goal. In the short term, preventing homelessness, providing high quality services to homeless families, and helping homeless families find and maintain permanent housing also require the cooperation of all levels of government and the private sector.

The Federal Government

The federal government should:

- Ensure that all low-income families can obtain affordable, decent, and permanent housing.
- Increase investments in programs to expand the stock of affordable housing. Currently, about one cent of every federal budget dollar goes to low-income housing programs; an additional two cents per dollar should be committed. Increased funds should be used to construct new housing, rehabilitate existing substandard housing, and prevent the loss of additional low-income units to conversion, gentrification, and abandonment.
- Fund and implement recently enacted initiatives designed to help families whose children are at risk of placement in foster care, or cannot return home from foster care, because their families are homeless or have inadequate housing. The government should add $35 million to the Section 8 program for the new Family Unification Program, and provide $12.5 million for new efforts to link child welfare and homeless services authorized as part of the Child Abuse Prevention and Treatment Act.
- Extend additional resources to states to enable them to implement the expanded Education for Homeless Children and Youth program, which will provide enhanced protections and supports to ensure that homeless children attend school and receive appropriate services.
- Vigorously enforce the Fair Housing Amendments Act, which prohibits housing discrimination against families with children, as well as discrimination on the basis of race, sex, national origin, disability, or religion. A comprehensive system should be established for prompt investigations and follow-up of complaints of discrimination against families with children.
- Adjust income policies so that families working at the minimum wage or receiving AFDC and other income supports can afford decent and permanent housing. Provide fiscal incentives to states to increase their AFDC benefits to accommodate rising housing costs.
- Target funds to provide comprehensive services for families that will help prevent homelessness, and assist homeless families in moving to permanent housing. At the same time federal resources should support efforts that help homeless families address their basic needs and those of their children while they are homeless. Newly housed families who need continuing services should be provided with appropriate transitional services that help them maintain stable homes.

State and Local Government

State and local governments should:

- Undertake campaigns to expand the supply of affordable housing by constructing new units and rehabilitating existing units according to specific timetables. These campaigns should involve public-private collaborations and ensure that the state or community is making full use of the resources available under federal low-income housing programs.
- Adjust their own minimum wage levels and AFDC benefits to meet families' real housing costs.
- Support the allocation of funds for emergency assistance and eviction prevention activities that can help families avoid homelessness.
- Provide fiscal incentives to community groups to assist in the development of homelessness prevention programs and the establishment of temporary housing. Both types of programs should include an array of services necessary to meet homeless families' emergency needs and help them return to permanent housing.

The Private Sector

Private housing developers should:

- Contribute money, materials, and expertise (through consultation or staff loans) to nonprofit organizations working to develop low-income housing.
- Set aside a portion of the units in all new housing developments for low-income families.
- Invest in affordable housing through the Low Income Housing Tax Credit.

Others in the business community should:

- Target slots in their training and employment programs for parents in families that are homeless or at risk of homelessness.
- Form a partnership with a community-based organization that helps homeless families and those with other housing problems. Offer financial support, professional expertise, staff loans, volunteers, services, and other assistance as needed.
- Invest in affordable housing through the Low Income Housing Tax Credit.
- Offer emergency housing assistance to their employees through low-interest or no-interest loans, so that they may avoid eviction or foreclosure.

Community institutions should:

- Educate their membership about the needs of homeless families and the problems of inadequate housing in their communities, and urge their membership to get involved in policy efforts to address these problems.
- Participate in a consortium of private and public agencies to increase the supply of low-cost housing, and encourage their membership to help in such efforts.
- Adopt a program that serves homeless families, and provide volunteers, basic supplies, and cash assistance as needed.
- Offer a homeless family or a family on the brink of homelessness ongoing assistance and support. Assist the family with its basic needs, such as housing, food, and employment. Arrange for the membership's children to serve as peer companions for children in the family. Include the family in the organization's family support and recreational activities.
- Create an emergency fund to help prevent families from becoming or remaining homeless. Contributions can provide one-time grants or no-interest loans to pay late rent, move-in costs, security deposits, or utility payments. Encourage members to contribute regularly to a revolving loan or a grant fund.

Vulnerable Children and Families

Millions of children in America are not cared for and nurtured adequately. Many of these children are abused and neglected. Some have emotional disorders or physical disabilities that are not treated adequately. Others run away from home or get in trouble with the law.

Many of these children live in families that are devastated by poverty, or alcohol, or other drugs. Others live with parents who are very young or themselves have debilitating emotional problems. Other children live in families that function reasonably well but do not have the financial resources to meet their children's basic needs for food, clothing, and shelter, much less their special needs for health or mental health services.

Yet these families generally have two characteristics in common. First, they usually struggle with a constellation of interrelated problems and unmet needs — unemployment, homelessness, and substance abuse, for example. And second, they typically have had previous contact with one or more human services agencies without much positive result.

Many children who grow up in families that have been failed by other service agencies eventually come to the attention of the child welfare system, the juvenile justice system, or the mental health system. As the number of children with serious unmet needs has skyrocketed, however, these agencies have become severely overburdened and increasingly ineffective in meeting children's needs.

With increasing frequency, children who live in troubled families are removed from the family and placed in foster family homes or various residential facilities. In far too many cases, however, the state itself has been guilty of public neglect. Most states don't have the range of out-of-home care settings they need to meet children's special needs appropriately, and the shortage of well-trained staff in child-serving agencies means that children often are not well served. Many children remain for too long in foster care, moving from placement to placement without getting the treatment and attention they need.

The growing crisis in our child-serving systems will not abate until more is done to strengthen and support families. This will require child-serving systems to shift toward preventive strategies and away from reactive approaches that respond only when crises threaten to separate children from their families.

Strengthening families to prevent child maltreatment is recommended by the U.S. Public Health Service in its year 2000 goals, as well as by the nation's major education organizations and the United Nations. The Public Health Service's specific goals for 2000 are that the incidence of physical, sexual, and emotional abuse and neglect be no higher than the numbers reported in 1986.

The Children's Defense Fund believes that rather than focusing attention narrowly on such numeric targets the nation should achieve badly needed systemic reforms by the year 2000 in three areas:

- Creating in every community a network of comprehensive services to strengthen families and to give them the tools they need to support and nurture their children.
- Making family preservation services and other specialized community-based treatment available to all families in crisis.
- Improving the quality of out-of-home placements for children who require such care, so that their special needs are met and they are returned to their families or adopted as appropriate.

Who Are Vulnerable Children?

America's vulnerable children can be separated into many different groups, and a single child and family may be included in more than one.

Abused and neglected children: A total of 2.4 million children were reported abused or neglected in 1989. This represents a 10 percent increase over the 1988 figure and a 147 percent increase since 1979. Generally, neglect cases represent slightly more than half of all reports. Increased substance abuse by parents is a major contributing factor in the rise in reports of child abuse and neglect, but a national survey by the National Committee for Prevention of Child Abuse also links poverty, lack of medical care, homelessness, and domestic violence to the increases in maltreatment of children.

Child deaths related to maltreatment — although relatively rare — represent the ultimate collapse of our child protection systems. During each of the past four years an average of at least three children a day have died as a result of some form of maltreatment. Very young children are most at risk. Homicides have replaced motor vehicle accidents as the number one cause of injury-related deaths among children younger than one.

Children born drug-exposed: It is estimated that as many as 375,000 infants are born drug-exposed each year. U.S. hospitals surveyed by the U.S. House of Representatives' Select Committee on Children, Youth and Families reported a three-fold increase in the incidence of substance abuse during pregnancy since 1985 and a corresponding increase in the number of infants born drug-exposed. The special needs of these young children vary greatly depending on the history and nature of their mothers' drug use and prenatal care. For many of these children, early intervention services targeted at special developmental, health, and mental health needs will be critical.

A portion of drug-exposed infants are infected with HIV (Human Immunodeficiency Virus). By February 1990 more than 2,000 cases of AIDS had been reported and diagnosed in children younger than 13. Eighty percent of the children had been infected by their mother, either before or at birth. The number of HIV-infected children — who do not yet have AIDS — is thought to be about double the number of those diagnosed with AIDS. The rate of perinatally acquired AIDS increased nearly 40 percent between 1988 and 1989.

Children with emotional problems: According to the U.S. Public Health Service, 12 percent of all children younger than 18 suffered mental disorders in 1989. Between 7.5 million and 9.5 million children have severe emotional disturbances. Some disturbances are biological in origin; others are the result of chronic maltreatment. For many children, emotional disorders are compounded by the stresses of poverty.

The growing violence in poor inner-city neighborhoods contributes to emotional and developmental problems among children. A survey of 536 Southside Chicago elementary school children, for example, revealed that 26 percent had seen someone shot and 29 percent had seen a stabbing.

Runaways and "thrownaways": In 1990 data from a new series of studies sponsored by the U.S. Department of Justice reported that in 1988 there were an estimated 450,700 children described as runaways — those who leave home without permission and are gone at least overnight, fail to return when expected, or run from juvenile residential facilities.

In addition, the study identified an estimated 127,100 "thrownaways," generally teenagers who had been told to leave home, were refused permission to return home, or were not sought after they ran away. Others had been abandoned or deserted. The "thrownaways" generally experienced more family violence and conflict and were likely to be gone much longer than the runaways.

Children who get into trouble with the law: Some delinquent youths come from abusive and violent families. Others are former state wards who have lived in various foster care settings. They often are more likely than their nondelinquent peers to suffer from learning disabilities and neurological and psychiatric impairments. Among 18- to 24-year-olds in state-operated, long-term facilities in 1987, only 10 percent had graduated from high school, compared with 79 percent of the general population.

In recent years the juvenile justice system's reliance on institutional care and restrictive settings for delinquent youths has sent detention rates soaring. In 1986, 590,654 young people were admitted to public juvenile detention facilities, and 125,954 to private facilities — a 14 percent increase since 1984. On a single day in 1987, black youths represented 39 percent of the youths in public juvenile detention or correction facilities, accounting for almost three times their proportion of the juvenile population.

More than half of all juveniles and young adults in long-term state-operated juvenile institutions had a family member who had been incarcerated. About 63 percent reported ever using an illegal drug on a regular basis.

Homicide victims: Homicide is now the second leading cause of death among all adolescents and young adults, and it is the number-one cause among black youths. Poverty, immediate access to firearms, alcohol and drug abuse, and the drug trade are important factors in the rise in homicides. Experts say that the spread of violence in poor inner-city neighborhoods may have a numbing effect on children and adolescents that leads to further violence.

Society's Response to Vulnerable Children

Society traditionally does little to prevent the kinds of deprivations, stress, and destructive behavior that endanger children's welfare. It's role — carried out by the child welfare, mental health, and juvenile justice systems — primarily is picking up the pieces after a crisis or tragedy shatters a family. Frequently the response is to remove the child from the home for a period of time and place him or her in foster care — a foster family home, group care setting, or institution.

As the need for and cost of pick-up-the-pieces services skyrocket, the bankruptcy of a crisis-driven child welfare policy is becoming more and more apparent. Public systems cannot even pretend to meet the demand for services. And the quality of existing services is compromised severely by inadequate resources.

Overburdened Systems of Care

Escalating out-of-home care: The overload on the child-serving systems is perhaps best illustrated by the burgeoning out-of-home caseloads. If current trends continue, the number of children in out-of-home care under the auspices of the child welfare, juvenile justice, and mental health systems is expected to exceed 840,000 by 1995.

The California County Welfare Directors Association, California Mental Health Directors Association, and Chief Probation Officers Association noted in *Ten Reasons to Invest in the Families of California* that between 1985 and 1989, the number of children in out-of-home care increased 65 percent and that, in the absence of an investment in strategies to keep families safely together, by 1994 the foster care caseload will grow to 90,000 children and double in cost to $1.8 billion.

A 1989 Missouri study of the use and costs of out-of-home placement across agencies (*Where's My Home?*) projected that if current placement trends continued, costs for out-of-home care would increase 56 percent to $46 million by FY 1993. The report stated that a 10 percent reduction in the number of children in placement would save $8.4 million.

Nationwide, about 360,000 children now are living in the care of the child welfare system — a 29 percent increase since 1986. The number of children living away from their families could exceed half a million by the year 2000.

Children are entering the child welfare system at younger ages than in previous decades — a trend related in many cases to parental substance abuse. From June 1988 to June 1990 Massachusetts saw a 69 percent increase in two-year-olds in care. In Michigan, researchers at the Center for the Study of Youth Policy report that about one out of five children placed in foster care is an infant. In Detroit the ratio is one of four. Children also are remaining in care longer and reentering more often than they used to. In California, between January 1985 and January 1988 the proportion of children entering foster care who were still in care 18 months later increased 43 percent.

Foster home shortages: Although the need for foster homes becomes more urgent every day, in many communities the supply is dwindling for several reasons. First, many of the children needing foster homes have very special needs, but services and supports for these children and their foster parents are grossly inadequate. Second, there is increasing financial pressure on parents to work outside the home and good child care is difficult to find.

And finally, reimbursement to foster families has fallen far behind the costs of adequately supporting a foster child. The U.S. Department of Agriculture estimated that the annual average moderate cost of raising a 16-year-old urban child in 1989 ranged from a low of $7,080 in the Midwest to $7,905 in the West. Yet the basic foster care reimbursement rate for a 16-year-old in 1989 in North Dakota was $4,800, and in Oregon $4,020. In some communities foster parents are paid less each week for caring for a child than a kennel operator receives for boarding a dog.

The staffing crisis: Severe staff problems also prevent the systems from responding appropriately to children's, and families' needs. Inadequate supervision, training, and support; overwhelming responsibilities; uncompetitive salaries; poor working conditions; and threats to personal safety result in staff burnout, high rates of staff turnover, and enormous vacancy rates.

According to the American Public Welfare Association's 1989 national survey of state child welfare service agencies, almost 90 percent of the states report difficulties in recruiting staff for child welfare positions, with shortages being most acute among direct service workers in child protective services. A 1990 child welfare salary and retention study mandated by the Florida legislature reported a turnover rate of 34 percent in 1989 for protective investigators in their first year. In the District of Columbia almost one-third of the Child and Family Service Division's social work positions were vacant as of July 1990.

Efforts also have been made to reduce educational requirements for social work positions, demeaning the importance attached to the job. The *1987 National Study of Public Child Welfare Job Requirements* reported that 44 percent of the states surveyed did not require entry level workers to have a degree of any kind to perform direct service casework — three times as many as in 1975.

Low salaries contribute to the staffing crisis, although salary increases alone will not solve it. A 1989 study by the Child Welfare League of America reported that the median annual earnings of child welfare workers with no graduate social work education in voluntary agencies was $6,700 less than that of elementary teachers and $8,500 less than that of registered nurses.

The State Is Often a Neglectful Parent

Our nation's child-serving systems are stretched beyond their ability to respond, leaving them open to charges of public neglect. As both staff shortages and reports of child abuse and neglect increase, child welfare agencies are forced to redirect more and more resources to intake and investigation. Even so, families in crisis don't get the attention they need.

In the District of Columbia in July 1990, the Intake and Crisis Service Branch of the Child and Family Services Division had failed to initiate investigations in more than half of its child neglect cases within 24 hours, as required by law. At that time, the crisis service branch had a backlog of 300 to 400 cases.

The most tragic evidence of the inadequacies of our current system and the scarcity of preventive services is the high percentage of children who die from abuse and neglect after their plight comes to the attention of child protection authorities. The Department of Children's Services in Los Angeles County, for example, had open files on 26 percent of the children who died in 1989. In 21 percent of the cases the department had confirmed reports of domestic violence in the household. In Georgia in 1988, 51 children already known to the system died of maltreatment.

Preventive Services Are Missing

Preventive services are seriously underrepresented among those offered by public child welfare agencies. Some children are placed in out-of-home care without any effort being made to preserve the family. The Missouri study, *Where's My Home?,* reported that the state spent $6 putting children in out-of-home placements for every $1 it spent on services to prevent child abuse and neglect. In California for every $1 spent on alternatives to out-of-home care, nearly $10 was spent on out-of-home placement projects.

The preventive service gaps are greatest perhaps for families in which there is substance abuse and for families with children who have serious emotional problems. Even in communities where families with substance abuse problems account for relatively large proportions of the child welfare caseloads, child welfare staff members generally have little, if any, special training in chemical dependency prevention or treatment. Nor are there drug treatment programs available to women — much less women with their children — that address their needs for a broad range of services.

The gaps in services to children with serious emotional disturbances have been well-documented over the past 10 years. Most recently, the National Alliance for the Mentally Ill reported that states scored worse in children's services than in any other kind of services for the mentally ill. The National Mental Health Association and the newly formed Federation of Families for Children's Mental Health also have reported gaps in home-based and community-based services for these children.

Runaways and "thrownaways" who are not in the formal child-serving systems often find only limited alternative services. The 300 or so runaway programs funded under the Runaway and Homeless Youth Act fall far short of meeting the need, and even when there's room in these programs, the two-week limit on stays pushes many children onto the streets. New transitional living funds, first available in FY 1990, have expanded specialized services for up to 18 months for some youths ages 16 to 20 who are trying to make it on their own. But much more help is needed.

Children Are Placed Inappropriately

Medically fragile children: In some large cities, babies born drug-exposed and abandoned by their mothers linger for months in hospital wards waiting for foster homes. There are not enough homes for babies who are relatively free of symptoms, let alone enough specialized homes for those with complex medical problems. Some infants end up moving from hospitals to emergency shelter care, which is meant to be temporary but often becomes long term. Some communities are planning to care for very young children in potentially damaging group care settings at a per-child cost of several thousand dollars a month, without first exploring whether more family-like placements might be provided with similar investments.

Currently when foster families are found for children with serious health problems, these parents seldom receive the specialized training or extra supports they need — child care and respite care, for example. Grandmothers and other relatives also are assuming responsibility for these children, but getting little help. In 1988-1989, California had 4,370 infants in care, reflecting a 235 percent increase during the previous four years. About half of these children were in foster family homes, but 42 percent were with relatives or legal guardians. Yet in California relatives who care for a large proportion of these children are not eligible even for the rates paid to strangers serving as foster parents.

Children with emotional disturbances: Children with serious emotional disturbances are at great risk of being placed inappropriately. The Congressional Office of Technology Assessment has documented a shortage of community-based services and a lack of case management and coordination for emotionally disturbed children in all of the child-serving systems. Only 20 to 30 percent of children with emotional disturbances are getting the help they need. And many of those receiving treatment are likely to be placed in out-of-state residential facilities, hundreds of miles from their families. Such treatment may be counterproductive. Mental health experts find that family involvement in a child's treatment generally speeds the child's progress and shortens the stay in out-of-home care.

The indiscriminate use of residential treatment also is needlessly expensive. The National Mental Health Association's 1988 study of youngsters with serious emotional problems placed in out-of-state facilities, *Invisible Children,* reported that states currently are spending more than $1 billion annually on children in these placements. The estimated average episode costs for these children in out-of-state placements were $52,300 for residential treatment programs and $32,218 for state hospitals. Both of those figures contrast dramatically with the $15,000 to $18,000 it costs for a year of day treatment while a child lives at home, yet several studies have shown that little distinguishes the needs of children in residential care from those in day treatment programs.

Juveniles in trouble with the law: Inappropriate placements also are common in the juvenile justice system. States continue to overuse secure facilities despite evidence from states such as Utah, which has shown that home-based care and community-based placements can serve many youths effectively. Statewide Youth Advocacy, Inc., in New York State reports that 55 percent of youths admitted to the state's residential facilities in 1988 had committed nonviolent crimes. According to the advocacy organization's calculations, if these 1,256 nonviolent youngsters had been placed in well-supervised community care, the state would have saved more than $70 million.

The state of Tennessee used multi-agency teams to review the children in out-of-home placements across departments in May 1989 to determine the appropriateness of the care they were receiving. They determined that for 65 percent of the children presently placed in institutional programs or in secure residential programs, less intensive placements would have been more appropriate. Sixty-one percent of the youths in the centers for delinquent youths needed less intensive care.

Education and Health Needs Are Neglected

Regardless of where children are placed, their basic educational and health care needs, as well as their special needs for mental health services or drug treatment, often are ignored. Staff members often don't have the time or expertise to make appropriate decisions and referrals. Frequent moves also impede the provision of quality education and health services. As a result, children's problems intensify, sometimes to the extent of prolonging their stay in foster care.

A July 1990 California Policy Seminar report on the use of health and mental health services by children in foster care in California revealed that they were less likely than other children to receive even basic health care screenings under the Child Health and Disability Prevention program. A 1988 survey of 16- and 17-year-olds in foster care in Alabama identified education as their most pressing need. Thirty-four percent were at least two years behind grade level, and 29 percent were one year behind.

The Courts Are Overloaded

The federal Adoption Assistance and Child Welfare Act looks to the courts to ensure basic protections for children in dependency proceedings. But in many jurisdictions an overburdened juvenile and family court system as well as poor communication between judges and child-serving agencies contribute to poor decisions and inappropriate placements.

According to the American Bar Association's Center on Children and the Law, judges often make critical decisions without fully knowing what help and services could be used in the community to avoid out-of-home placement. Child-serving agencies often don't provide descriptions of services in advance and give only perfunctory oral presentations in court unless a judge insists otherwise.

The problem is worse now because family court judges in many cities and states are overwhelmed by growing caseloads. Some judges hear as many as 100 cases a day, meaning that no case receives the careful attention it deserves.

Data compiled by the Center on Children and the Law show that the New York and Michigan courts reported increases of 312 percent and 292 percent, respectively, in abuse and neglect cases filed between 1984 and 1988. The Rhode Island Family Court experienced a 90 percent increase in cases filed between 1982 and 1989. As a result, caseload pressures on juvenile and family court judges have grown dramatically. Six states that together experienced a 111 percent increase in child victim cases filed between 1984 and 1988 showed only a 4 percent increase in the number of family and juvenile court judges.

Better Approaches for Vulnerable Children and Families

The litany of inadequate and inappropriate responses to a growing population of vulnerable children and families makes it clear that new responses are needed. Instead of accepting more and more children into state care, whether it be in the child welfare, mental health, or juvenile justice systems, the nation must invest heavily in preventive services. States and communities must expand the range of family support services that will strengthen parents' own ability to nurture and care appropriately for their children. This up-front investment in families will meet the best interests of children as well the best interests of the larger society.

Such investments will help many families avoid the need for more intensive services later. They also will help reserve scarce placement resources for children who really need out-of-home care. Such early investments will enable the child welfare, mental health, and juvenile justice systems to give more careful attention to the special needs of children who are placed in state care.

Family Preservation Services

Keeping families together involves protecting children's safety in the home and strengthening families' abilities to address their problems. To address both concerns, a number of states have implemented family preservation services (FPS) programs — intensive family-based crisis intervention services — modeled in many cases after the Homebuilders program, which began in Washington State in 1974.

In a typical FPS program, a child at imminent risk of being removed from the family is left in the home if the family agrees to participate and the child can be protected. A trained professional or team of professionals with a small caseload of two to four families is available to the family on virtually a 24-hour-a-day basis for a limited period of time, usually no more than six weeks. The staff members spend time with the family in the home; concentrate on active, practical aid in solving the family's immediate problems; give on-the-spot instruction and help in parenting; and help link the family with other supports in the community. Most programs make discretionary cash assistance available to the FPS team to assist the family with concrete emergency needs.

FPS and similar programs have been initiated in communities in more than half the states, and have involved mental health and juvenile justice agencies as well as child welfare agencies. At least 10 states, including Iowa, Kentucky, Michigan, Missouri, New York, New Jersey, and Tennessee, have taken steps to move toward establishing statewide FPS programs.

A Collaborative Effort to Provide Family Preservation Services

In 1990 the state of Missouri announced that by the time Gov. John Ashcroft's current term ends in January 1993 family preservation services would be available for every child at immediate risk of placement who could remain safely at home. The ambitious goal builds on several years of successful planning and implementation of family preservation services (FPS) in the state, spearheaded by the statewide advocacy organization Citizens for Missouri's Children (CMC) and the state departments of Social Services and Mental Health.

The proposed statewide expansion of FPS in Missouri is a good example of an innovative public-private partnership. It illustrates the critical role a child advocacy group can play in keeping such multi-agency efforts on track and helping to build public support for FPS.

Two pilot FPS programs were undertaken in the state in 1987. Families First, targeted on abused and neglected children who were diagnosed as severely emotionally disturbed and at immediate risk of placement, was a federally funded effort of the departments of Mental Health (DMH), Social Services (DSS), and Elementary and Secondary Education (DESE). At the same time planning was under way by CMC and the Division of Family Services in Kansas City for a local FPS program targeted on children who were abused and neglected. The latter provided the springboard for a broader, multi-agency initiative.

In 1988 the divisions of Family Services and Youth Services in DDS, DMH, and CMC, through the support of the Edna McConnell Clark Foundation, launched the Missouri Family Preservation Services Initiative with the goal of implementing a community-based FPS system prototype for statewide replication. The FPS model used by the initiative consists of intensive, home-based services of short duration designed to protect children and keep families together.

A key first task of this initiative was a study of the use and cost of out-of-home placement in the state. *Where's My Home?*, which used trend data to project future out-of-home care costs, made a compelling case for Missouri to invest in placement prevention, to benefit not only children and families but taxpayers as well.

CMC, which prepared the study with the cooperation of the agencies, says this cooperative effort was invaluable. According to Phyllis Rozansky, FPS programs are cost-effective and successfully have prevented the placement of children in out-of-home care. In Michigan, which will have Families First programs in 40 of its counties by the end of FY 1991, placement was averted in four of five of the families served in the first 18 months of the program — even after one year. FPS in Michigan cost about $4,500 per family in 1989, contrasted with costs of $10,000 per child for family foster care and $42,000 per child for institutional care. Other states have found similar results when target groups were examined. When control groups are used, evaluations have shown that even the lowest success rate still prevents placement for at least half of the children served.

To achieve their full potential, family preservation services must be supported by a broad range of community-based family services and treatment programs. For children with severe emotional disturbances, for example, intensive short-term, home-based services may not be sufficient without a network of diagnostic and evaluation services, outpatient services, school-based services, emergency services, and respite care for parents.

CMC's Executive Director, "The agencies' common efforts to understand the extent of the problems and make joint recommendations meant that the issue became everyone's concern." Rozansky says she knew the agencies, which did not even "speak the same language" at first, had turned an important corner when their representatives on the planning committee stopped talking about "DYS kids" or "DFS kids" and started talking about "our kids."

The state initiative has established a collaborative FPS demonstration site in six counties in the southeastern part of the state for the development of the prototype. The target population for the demonstration includes children at imminent risk of out-of-home placement who are severely emotionally disturbed, abused or neglected, or in the youth service system as status offenders or delinquents. An interagency study of more than 700 children in these six counties, *Interrupted Lives,* reported that direct service staff estimated that more than a third of the approximately 500 children entering out-of-home placement annually could remain safely in their own homes with the use of FPS. The six counties have established two inter-agency community task forces to develop and oversee the FPS projects. Uniform program and staff standards, a central intake process, training protocols, and evaluations have been developed or are in the process of being implemented throughout the state.

Missouri's FPS programs, including those in the six counties, are expected to serve about 800 families in FY 1991. They are available in 32 counties at a cost of $2.25 million. Both the success of FPS in preventing out-of-home placements and its cost-effectiveness have propelled program expansion at the same time other state programs are fighting cutbacks. For the families FPS helps, the avoided costs are significant: FPS costs $3,200 per family, compared with the $8,000 to $30,000 it costs in Missouri to place a single child outside the family for a year. For many families with children at risk of placement, FPS has defused the crisis, protected the child, taught the family coping skills, and avoided unnecessary family separation.

To reach the 1993 goal of statewide expansion, the state initiative also has launched the Missouri Association of Home Based Services, initiated a *Statewide Family Preservation Services Newsletter,* and is developing interagency financing mechanisms for FPS. FPS also continues to be high on the political agenda. Gov. Ashcroft highlighted FPS in his 1991 State of the State address and the program remains the top priority of the Department of Social Services.

Comprehensive community-based treatment programs also are needed desperately for families struggling to rid themselves of drug and alcohol dependency. Effective treatment programs are staffed by multidisciplinary personnel with sensitivity to multiproblem families. They offer not only substance abuse prevention and treatment services, but also health and mental health services for adults and children, child care and other early childhood activities, parenting education, educational and vocational assistance, and services for extended family members. Quality programs have home-based and center-based components and include outreach and follow-up services. When residential care is required, treatment programs should enable parents and children to reside together, and families should receive special assistance during the transition back to the community.

Family Resource and Support Programs

In addition to treatment for children and families with special needs, communities must offer general family support services to those with more basic needs. Such services can help prevent crises and thereby reduce the need for intensive services, or they can help strengthen families that are recovering from a crisis or readjusting to their children's return from foster care.

A number of states are supporting the development of such programs. In Mary-

Meeting the Needs of Families with Substance Abuse Problems

The SHIELDS for Families Project in the Watts area of Los Angeles operates six nonresidential treatment and support programs for women with drug and alcohol problems, their newborns, high-risk older children, and other affected family members.

SHIELDS' programs are designed to help women maintain medical and drug treatment and to preserve and strengthen their families at the same time. The key to success, says Kathleen West, SHIELDS' program director, is careful initial assessment when families are accepted into the program so that mothers and children are directed into the right program at the right time.

Since the mothers' needs and the severity of their addiction varies, SHIELDS operates treatment programs of varying intensity. The most intensive program for drug-exposed infants and their mothers lasts 12 to 15 months. A somewhat less intensive program for substance abusing pregnant and parenting women lasts six months. A third program offers recovering mothers regular group counseling sessions on a long-term basis. All programs have both home-based and center-based components. Families can move back and forth among the programs as their needs change.

SHIELDS also offers a crisis intervention nursery for drug-exposed infants, their siblings up to age four, and their mothers and other relatives who care for them. This program offers respite care to prevent child abuse and possible removal of the child from the family. The other two programs are an outreach and follow-up project, and a drug and alcohol prevention program for elementary school-age and early adolescent children of mothers who participate in other SHIELDS programs. SHIELDS funding is a patchwork of private foundation funds as well as federal, state, and county dollars.

All SHIELDS programs cooperate closely with the pediatric department of a nearby medical center, which is the source of referrals. Infants and children are monitored in the medical center's high-risk clinic.

land, for example, the Family Support Centers are funded jointly by public and private entities and are administered by various community-based organizations, including a church, a housing authority, a community action agency, and a school system. Connecticut's Parent Education and Support Centers, administered by the state Department of Children and Youth Services, are available to all parents with children younger than 17, although teen, single, and low-income parents have priority.

In 1990 Congress acknowledged the importance of family support programs by authorizing the federal Family Resource and Support Grant Program and a National Clearinghouse on Family Resource and Support. Once funded, these initiatives will help states develop and support statewide networks of family support programs.

Strengthening Out-of-Home Care

In addition to bolstering preventive services, states must strengthen the range of available out-of-home settings for children. This means increasing the supply of foster homes and raising basic reimbursement levels to match the costs of raising children. It also means giving foster parents ongoing training, access to specialized services for the children in their care, respite care, and other supports. Such efforts are under way in a number of states.

Agencies in New York, California, and Illinois are experimenting with mentor

According to West, programs like SHIELDS, which seek to help prepare mothers with substance abuse problems to care for their own children, encounter considerable resistance from the public and policy makers alike. She says that SHIELDS, for example, had difficulty finding a building because landlords didn't want drug-abusing parents in their buildings. And although some money is available to train foster parents to care for drug-exposed infants, it is difficult to get funds to train the birth mothers.

Success with these clients requires a lot of sensitivity and patience, says West. SHIELDS staff members are trained to expect relapses — typically about four in the first year. According to West, SHIELDS has had to turn down funding because some funders require termination of clients who have relapses. "When a client relapses, you need to double your efforts, not terminate her," says West.

Although SHIELDS has not yet been evaluated formally since the first project opened its doors in 1987, informal evidence suggests that the programs are achieving their goals. Clients are achieving sobriety, and none has had a subsequent drug-exposed infant. The infants in the program have higher immunization rates than those in the surrounding community, and there have been no reports of child abuse and neglect from an outside agency, although one case of neglect was identified internally.

SHIELDS always has referred clients to other community resources — including residential treatment programs — when appropriate. And now that SHIELDS has established itself firmly as a treatment center in the community, it is ready to reach out to other organizations and agencies. "For example," says West, "juvenile and family court judges don't have training in these difficult cases." These days, she says, those who work in maternal and child health are challenged not only to design good services for a new population with new problems; they have to educate the public to support these critical services.

foster homes — foster families that work directly with birth parents to assist them in meeting their children's special needs. In Massachusetts, the Department of Social Services through its PACT Program reimburses some foster parents at an hourly rate for specialized services to meet specific goals for the child that are agreed upon by the worker, the foster parent, and the child.

Some communities have started Friends of Foster Children programs that provide financial assistance and transportation so children in foster care can participate in tutoring programs, extracurricular activities, and special summer programs.

In addition to recruiting and supporting regular foster families, some communities have developed networks of therapeutic foster family homes for children with special needs. In New Jersey, the Department of Human Services teaches specially recruited foster families to care for medically fragile children, many of whom are infants born drug-exposed (see box below).

San Francisco's Fragile Infant Special Care Program ("Baby Moms") seeks to find alternative families for infants born drug-exposed who have special medical needs. The foster parents, at least one of whom must be a full-time caretaker, receive extensive training and support and up to $1,400 more per child per month than foster parents who receive the regular monthly board rate.

The PRYDE Program, which operates in Pennsylvania, Maryland, and West Virginia, provides therapeutic foster homes for "troubled and troubling" children and adolescents. Treatment parents, paid per diem rates ranging from $56 to $76, are evaluated carefully and receive extensive pre-service and in-service training.

Relatives caring for children who otherwise would be placed in foster care also need more systematic supports. At a minimum, relatives should be offered the opportunity to be approved, compensated, and served in the same way as other foster parents. In some communities special support groups have been formed to assist grandparents and other relatives caring for children.

Specialized Foster Homes in New Jersey

The New Jersey Special Home Service Provider (SHSP) Program is designed to increase the number of specialized foster homes available for medically fragile infants and children, including infants born drug-exposed or HIV-infected. The state's Division of Youth and Family Services, which operates SHSP, has funding for 215 children (in the care of about 170 providers) and is requesting funds to add another 100 children. Without special foster homes, these children likely would be placed in hospital-like settings at far greater cost. New Jersey hospitals that board drug-exposed infants charge about $80 a day, whereas the highest daily cost for children in SHSP is about $40 a day.

Each SHSP foster parent cares for no more than two children at a time. The providers participate in a training program that includes special pre-service training, 22 hours of annual in-service training, and specific training relating to their foster children's medical conditions. The foster parents themselves also may receive ongoing support counseling.

Providers receive a monthly reimbursement ranging from $900 to $1,200, depending on the child's medical status. In addition, special foster parents receive a maximum of $200 each month for such support services as child care, medical equipment, supplies, and medication.

Staffing Enhancements

To implement such forward-looking programs, agencies must have sufficient numbers of employees who are trained, supervised, supported, and compensated appropriately. Too frequently reforms at the federal and state level focus on putting new programs in place without also ensuring that trained staff will be available to run them.

An increasing number of states have developed competency-based training curricula for use in both pre-service and in-service training. In some agencies, new staff members begin with reduced caseloads, or they are paired with senior staff in mentoring arrangements. Special supervisory training also is provided.

Cooperative loan arrangements among staff members of various agencies can increase staff expertise. Specialists in the fields of mental health, developmental disabilities, special education, independent living, and substance abuse, for example, can provide child welfare workers with essential back-up as they make critical decisions in these areas.

Enhancing Collaboration

All three child-serving systems — child welfare, juvenile justice, and mental health — are facing the same challenges in improving services for vulnerable children and families. They all serve children with similar needs. It is essential that the systems collaborate in finding new ways to respond. For example, agencies can establish and use common assessments for children and families coming for help, they can fund and staff treatment programs jointly, and they can collaborate in starting neighborhood-based family support centers.

Some efforts are already under way to explore the use of more flexible consolidated funding across agencies. In two Iowa counties, more than 30 different funding streams have been consolidated into one child welfare fund. This "decategorization" demonstration has been accompanied by an extended multi-agency planning process to establish guidelines for future funding. In other states, agency collaborations have focused on specific models of care, such as family preservation or treatment programs for children with serious emotional disturbances.

Federal Leadership

The glaring inadequacies of our child-serving systems often overshadow the modest evidence of improvement. Yet hopeful signs do exist. Much more is known today about what works for fragile families and children than was known a decade ago. The challenge at the federal level is to get those efforts working for many more children and families.

Increasingly policy makers are coming to understand how critical it is for the nation to search for and invest in preventive strategies to keep families intact and functioning adequately. Many of the innovations mentioned in this chapter reflect the growing commitment to prevention. And so do some of the actions taken by the 101st Congress in 1990. Congress took significant steps to expand child care, Head Start, Medicaid, and income support for low-income families through the Earned Income Credit. Together, these expansions offer many low-income families the promise of a better, healthier life.

Congress also took some small first steps toward addressing the special needs of children and families who require more than the basic supports. Legislation was enacted to encourage states to establish statewide networks of local family resource and support programs and to provide housing assistance and other services to families who are separated from their children or threatened with separation due to homelessness and inadequate housing. When they are funded and fully implemented, these initiatives will help states fill in some of the gaps in services for vulnerable children and families.

But much more is needed. The current patchwork of federal programs does not begin to resemble a comprehensive network of care that protects children and preserves families when possible and also ensures the availability of appropriate out-of-home care for children who need it.

Federal funding patterns still reflect the nation's historical preference for crisis intervention and out-of-home placement. Expenditures for the federal foster care maintenance program authorized under Title IV-E of the Social Security Act, which pays room and board costs for children in out-of-home placement on an open-ended entitlement basis, grew from $278.4 million in FY 1981 to an estimated $617.7 million in FY 1990 — an increase of 122 percent. These costs are expected to reach $927.4 million in FY 1991.

Meanwhile, funding for preventive services for families under the Title IV-B Child Welfare Services Program increased by only 54 percent during that same period — a growth in real dollars of only 6 percent without accounting for caseload growth. And the Title XX Social Services Block Grant, which provides funding for child protection activities, declined by 8 percent — down 36 percent in real dollars.

Funding for special treatment programs for vulnerable children and their families also falls far short of the need. Although some important programs for pregnant women and infants and high-risk youths have been funded by the Office of Substance Abuse Prevention over the past several years, they represent a minuscule response to the need. The National Association of State Alcohol and Drug Abuse Directors, in its publication *Treatment Works*, notes that in October 1989, 10.6 million adults and adolescents were estimated to need treatment in 41 states and the District of Columbia.

Dramatic gaps also exist in federal support for children's mental health services. Even though 10 percent of the funds within the Mental Health portion of the Alcohol, Drug Abuse and Mental Health Block Grant are set aside for programs for seriously emotionally disturbed children, the lack of growth in the overall program has undercut advances in services significantly.

Recommendations

The Federal Government

The federal government should expand fiscal incentives for states to build comprehensive and coordinated service systems for vulnerable children and families by:

- Funding a range of family supports, including intensive family preservation services, on an entitlement basis, just as it funds out-of-home care.
- Providing at least $30 million in FY 1992 for the Family Resource and Support Grant Program to help states develop statewide networks of family resource and support programs.
- Ensuring states additional funds under Medicaid and other health and child welfare programs to meet the multiple treatment and service needs of families with substance abuse problems.
- Providing states with dollars targeted for the development of home- and community-based services (to be coordinated with those already funded under other programs) for children with serious emotional disturbances.
- Offering a small number of states the opportunity to use existing out-of-home care funds more flexibly for children with special needs and their families, while assuring that basic protections for them are maintained.

In addition to establishing these fiscal incentives, the federal government should:

- Provide emergency funds and technical assistance to states and a selected number of large urban areas to help them recruit and retain qualified, trained staff to serve vulnerable children and families.
- Offer assistance to state courts to improve their efforts to protect and periodically review the care provided to abused and neglected children and the other troubled young people who come before them.
- The Department of Health and Human Services and the Office of Management and Budget should publish no later than July 1, 1991, final regulations specifying states' responsibilities in phasing in a national system for the collection of foster care and adoption data. Federal matching funds should be available at 90 percent for several years and at 50 percent on an ongoing basis to help states develop and implement the data systems.

State and Local Governments

State and local governments should:

- Develop and implement a plan for statewide implementation of family support and family preservation programs so that more families have access to them. Unified approaches for assessment, training, and case management should be established to ensure quality services throughout the state.
- Significantly increase the training, supports, and compensation for foster parents, including relatives, caring for children with special health and mental health needs.
- Establish comprehensive treatment programs that address the multiple needs of drug-involved pregnant women, parents, and their children through collaborative efforts among the health, mental health, substance abuse treatment, and child welfare agencies in the state.
- Maximize use of federal funds available under Medicaid and the Title IV-E Foster Care Program to meet the special health and mental health needs of children at risk of separation from their families or already in out-of-home care.
- Provide the resources necessary to improve the recruitment and retention of staff members serving vulnerable children and families. Work with institutions of higher education to provide appropriate pre-service and in-service training for staff members and to offer incentives to recent graduates or graduate students to work in agencies serving vulnerable children and families.

Businesses

Business should:

- Implement policies and programs responsive to employees' family needs. Programs might include parenting education classes, in-house counseling, resource and referral services for child care, other family support services, alcohol and drug treatment, and mental health services.
- Develop partnerships with local public or private child and family service agencies. Assist them by providing financial assistance, expertise in public relations and fundraising, donations of equipment and supplies, and staff members who can volunteer their time to assist with local projects.
- Collaborate with a community-based service organization to create a family resource and support center in an underserved area of the city. Donate space, equipment, and supplies for the center and encourage staff members to offer their expertise through time-share arrangements with the center. Encourage other corporations and businesses to "adopt" neighborhoods for special attention.

- Provide mentors and training and employment opportunities for parents who have recently completed substance abuse treatment and for older youths preparing to live independently when they are discharged from state care.
- Offer advertising space in company publications to agencies and organizations seeking foster and adoptive parents, mentors, or employment opportunities for children in their care.

Community Organizations

Local organizations should:

- Educate their membership about the needs of children in the community who have been abused or neglected, have serious emotional problems, have run away, or are in trouble with the law. Urge members to get involved in policy and program efforts to make sure these children and their families will be served better.
- Adopt a family needing assistance or a program that serves vulnerable children and their families. Provide volunteers, supplies, and financial help regularly and special assistance when it is needed.
- Develop programs for parents, youths, and families needing extra support.
- Form or join a consortium of organizations to help public and private agencies recruit foster parents, adoptive parents, and respite care providers. Include special notices in mailings and invite foster parents, adoptive parents, and respite care providers to speak at group meetings.
- Develop partnerships between their members and foster care providers in the community to provide tutoring, peer support, and recreational opportunities for children in out-of-home care. Members can serve as mentors for young people preparing to leave care and live independently.
- Urge members to volunteer in a Court Appointed Special Advocate (CASA) program or a Citizen Foster Care Review Board program, both designed to help ensure that children in foster care get the attention they need and do not remain in care indefinitely.

Apppendix

U.S. Children in the World

Children in Poverty, Selected Countries

Country	Percentage of Children Living Below: 75% of poverty line	Poverty line
Switzerland	2.0	5.1
Sweden	2.2	5.1
Norway	2.7	7.6
West Germany	2.5	8.2
Canada	4.4	9.6
United Kingdom	3.8	10.7
Australia	7.3	16.9
United States	**9.8**	**17.1**

Source: Urban Institute, "Patterns of Income and Poverty: The Economic Status of Children and the Elderly in Eight Countries," by Timothy Smeeding, Barbara Boyle Torrey, and Martin Rein, in John L. Palmer, Timothy Smeeding, and Barbara Boyle Torrey, eds., *The Vulnerable* (The Urban Institute Press, 1988), Table 5.3.

Infant Mortality Rate, 1989

Rank	Nation	Rate[1]
1	Japan	4
2	Finland	6
2	Sweden	6
4	Canada	7
4	Hong Kong	7
4	Netherlands	7
4	Switzerland	7
8	Australia	8
8	Austria	8
8	Denmark	8
8	East Germany	8
8	France	8
8	Norway	8
8	Singapore	8
8	United Kingdom	8
8	West Germany	8
17	Ireland	9
17	Spain	9
19	Belgium	10
19	Israel	10
19	Italy	10
19	New Zealand	10
19	**United States**	**10**
24	Cuba	11
24	Czechoslovakia	11
24	Greece	11
27	Portugal	13
28	Bulgaria	14
29	Trinidad and Tobago	15
30	Hungary	16
30	Jamaica	16
30	Poland	16
33	Kuwait	17
34	Costa Rica	18

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[1] Infant deaths per 1,000 live births.

Source: UNICEF.

Mortality Rate for Children Younger than Five, Selected Countries, 1989

Rank	Nation	Rate[1]
1	Japan	6
2	Finland	7
2	Sweden	7
4	Hong Kong	8
4	Netherlands	8
6	Australia	9
6	Canada	9
6	East Germany	9
6	France	9
6	Switzerland	9
11	Austria	10
11	Denmark	10
11	Norway	10
11	Spain	10
11	United Kingdom	10
11	West Germany	10
17	Ireland	11
17	Italy	11
19	Belgium	12
19	Greece	12
19	Israel	12
19	New Zealand	12
19	Singapore	12
19	**United States**	**12**
25	Czechoslovakia	13
26	Cuba	14
27	Portugal	16
28	Bulgaria	17
28	Hungary	17
30	Poland	18
30	Trinidad and Tobago	18
32	Kuwait	20
33	Jamaica	21
34	Costa Rica	22

[1] Deaths per 1,000 live births.

Source: UNICEF.

Percentage of Infants Born at Low Birthweight, 1980-1988

Rank	Nation	Percentage
1	Spain	1
2	Finland	4
2	Ireland	4
2	Norway	4
2	Sweden	4
6	Belgium	5
6	Egypt	5
6	France	5
6	Hong Kong	5
6	Iran	5
6	Japan	5
6	Jordan	5
6	New Zealand	5
6	Portugal	5
6	Switzerland	5
16	Australia	6
16	Austria	6
16	Bulgaria	6
16	Canada	6
16	Czechoslovakia	6
16	Denmark	6
16	East Germany	6
16	Greece	6
16	Romania	6
16	Saudi Arabia	6
16	USSR	6
16	West Germany	6
28	Albania	7
28	Chile	7
28	Israel	7
28	Italy	7
28	Kuwait	7
28	Oman	7
28	Paraguay	7
28	Singapore	7
28	Turkey	7
28	United Arab Emirates	7
28	United Kingdom	7
28	**United States**	**7**
28	Yugoslavia	7
41	Benin	8
41	Botswana	8
41	Brazil	8
41	Columbia	8
41	Cuba	8
41	Jamaica	8
41	Panama	8
41	Poland	8
41	Tunisia	8
41	Uruguay	8
51	Algeria	9
51	Burundi	9
51	China	9
51	Iraq	9
51	Mauritius	9
51	Peru	9
51	South Korea	9
51	Venezuela	9
59	Costa Rica	10
59	Hungary	10
59	Lebanon	10
59	Malaysia	10
63	Syria	11
64	Thailand	12
65	Mexico	15
66	Sri Lanka	28

Source: UNICEF.

Percentage of One-Year-Old Children Fully Immunized Against Polio, Selected Countries, 1988-1989*

Rank	Nation	Rate	Rank	Nation	Rate
1	Denmark	100	38	Malawi	89
2	Bulgaria	99	40	Botswana	88
2	Czechoslovakia	99	40	Mauritius	88
2	Hungary	99	42	South Korea	87
2	Poland	99	42	Sri Lanka	87
6	Greece	98	42	United Kingdom	87
6	Sweden	98	45	Canada	85
6	Switzerland	98	45	Italy	85
9	Brazil	97	45	Mongolia	85
9	East Germany	97	48	Jamaica	84
11	China	96	48	Lybia	84
11	Hong Kong	96	48	Norway	84
11	Mexico	96	48	Thailand	84
11	North Korea	96	48	United Arab Emirates	84
11	Oman	96	53	Honduras	83
11	Saudi Arabia	96	53	Iraq	83
17	Belgium	95	53	Rwanda	83
17	Chile	95	56	Burundi	82
17	France	95	56	India	82
17	Romania	95	56	Nicaragua	82
17	**United States**	**95**	56	Tanzania	82
22	Albania	94	**56**	**United States, Nonwhite**	**82**
22	Cuba	94	56	Uruguay	82
22	Jordan	94	62	Algeria	81
22	Netherlands	94	62	Argentina	81
22	West Germany	94	62	Egypt	81
27	Israel	93	62	Lesotho	81
27	Syria	93	62	Zambia	81
27	Tunisia	93	67	USSR	80
30	Columbia	92	68	Trinidad and Tobago	77
30	Kuwait	92	69	New Zealand	75
30	Portugal	92	70	Spain	73
30	Yugoslavia	92	71	Ireland	72
34	Costa Rica	91	71	Malaysia	72
35	Austria	90	73	Panama	71
35	Finland	90	73	Paraguay	71
35	Singapore	90	75	Venezuela	67
38	Iran	89			

*Data are for 1988-1989 for all countries except the United States. Most recent U.S. data available—because the nation no longer conducts the necessary surveys—are for 1985.

Source: UNICEF, except United States nonwhite rate from the U.S. Immunization Survey, 1985.

Spending on Elementary and Secondary Education, As a Percent of Gross Domestic Product, 1985, Selected Countries

Rank	Country	Percent
1	Sweden	7.0
2	Austria	5.9
3	Switzerland	5.8
4	Norway	5.3
5	Belgium	4.8
5	Denmark	4.8
5	Japan	4.8
8	Canada	4.7
9	West Germany	4.6
9	France	4.6
11	Netherlands	4.5
11	United Kingdom	4.5
13	Italy	4.2
14	**United States**	**4.1**
15	Australia	3.9
16	Ireland	3.8

Source: M. Edith Rasell and Laurence Mitchell, "Shortchanging Education: How the U.S. Spends on Grades K-12" (Washington, D.C.: Economic Policy Institute, 1990).

Average Percentage of Items Answered Correctly on an International Mathematics Test of Eighth-Grade Students, Selected Countries, 1981-1982

Rank	Country	Percent Correct
1	Japan*	62.1%
2	Netherlands	57.1
3	Hungary	56.0
4	Belgium (Flemish)	53.2
5	France	52.5
6	Canada (British Columbia)	51.6
7	Hong Kong*	49.4
8	Scotland	48.4
9	England and Wales	47.2
10	Finland	46.8
11	New Zealand	45.5
12	**United States**	**45.3**
13	Israel	45.0
14	Thailand	42.2
15	Sweden	41.8
16	Luxemburg	37.5
17	Nigeria	33.6
18	Swaziland	31.5

*Students in Japan and Hong Kong were attending seventh grade.

Source: U.S. Department of Education, *Digest of Educational Statistics 1988* (September 1988), Table 289.

Number of School-Age Children per Teacher, 1986, Selected Countries

Rank	Country	Number
1	Canada	13
2	Denmark	14
3	Qatar	15
4	Israel	17
5	Austria	18
5	Norway	18
7	Luxemburg	19
7	East Germany	19
7	Brunei	19
10	Libya	20
11	Australia	21
11	Lebanon	21
11	Finland	21
11	Italy	21
11	France	21
11	Cuba	21
17	United Kingdom	22
17	Malta	22
19	Barbados	23
19	Portugal	23
19	Sweden	23
19	Kuwait	23
19	Iceland	23
19	West Germany	23
19	**United States**	**23**
26	New Zealand	24
26	USSR	24
26	Hungary	24
29	Argentina	25

Source: Ruth Leger Sivard, *World Military and Social Expenditures, 1989* (Washington, D.C.: World Priorities, 1989).

Children in the Nation

National Trends

Year	Number of Children Younger than 18 Who Are Poor	Child Poverty Rate	Number of Children Younger than 6 Who Are Poor	Poverty Rate for Children Younger Than 6
1959	17,552,000	27.3%	n/a	n/a
1960	17,634,000	26.9	n/a	n/a
1961	16,909,000	25.6	n/a	n/a
1962	16,963,000	25.0	n/a	n/a
1963	16,005,000	23.1	n/a	n/a
1964	16,051,000	23.0	n/a	n/a
1965	14,676,000	21.0	n/a	n/a
1966	12,389,000	17.6	n/a	n/a
1967	11,656,000	16.6	n/a	n/a
1968	10,954,000	15.6	n/a	n/a
1969	9,691,000	14.0	3,298,000	15.3%
1970	10,440,000	15.1	3,561,000	16.6
1971	10,551,000	15.3	3,499,000	16.9
1972	10,284,000	15.1	3,276,000	16.1
1973	9,642,000	14.4	3,097,000	15.7
1974	10,156,000	15.4	3,294,000	16.9
1975	11,104,000	17.1	3,460,000	18.2
1976	10,273,000	16.0	3,270,000	17.7
1977	10,288,000	16.2	3,326,000	18.1
1978	9,931,000	15.9	3,184,000	17.2
1979	10,377,000	16.4	3,415,000	17.8
1980	11,543,000	18.3	4,030,000	20.5
1981	12,505,000	20.0	4,422,000	22.0
1982	13,647,000	21.9	4,821,000	23.3
1983	13,911,000	22.3	5,122,000	24.6
1984	13,420,000	21.5	4,938,000	23.4
1985	13,010,000	20.7	4,832,000	22.6
1986	12,876,000	20.5	4,619,000	21.6
1987	12,843,000	20.3	4,852,000	22.4
1988	12,455,000	19.5	5,032,000	22.6
1989	12,590,000	19.6	5,071,000	22.5
Total percent change				
1969-1989	29.9%	40.0%	53.8%	47.1%
1980-1989	9.1	7.1	25.8	9.8
Average annual percent change				
1969-1989	1.5	2.0	2.7	2.4
1980-1989	1.0	0.8	2.9	1.1

Note: n/a = data not available.

National Trends (Continued)

	Infant Mortality Rates[1]					Percent of Babies Born to Mothers Who Received Late or No Prenatal Care		
Year	Total	White	Black	Black-White Ratio	Low Birthweight	Total	White	Black
1940	47.0	43.2	72.9	1.69	n/a	n/a	n/a	n/a
1950	29.2	26.8	43.9	1.64	n/a	n/a	n/a	n/a
1959	26.4	23.2	44.8	1.93	n/a	n/a	n/a	n/a
1960	26.0	22.9	44.3	1.93	7.7%	n/a	n/a	n/a
1961	25.3	22.4	41.8	1.87	7.8	n/a	n/a	n/a
1962	25.3	22.3	42.6	1.91	8.0	n/a	n/a	n/a
1963	25.2	22.2	42.8	1.93	8.2	n/a	n/a	n/a
1964	24.8	21.6	42.3	1.96	8.2	n/a	n/a	n/a
1965	24.7	21.5	41.7	1.94	8.3	n/a	n/a	n/a
1966	23.7	20.6	40.2	1.95	8.3	n/a	n/a	n/a
1967	22.4	19.7	37.5	1.90	8.2	n/a	n/a	n/a
1968	21.8	19.2	36.2	1.89	8.2	n/a	n/a	n/a
1969	20.9	18.4	34.8	1.89	8.1	8.1%	6.3%	18.2%
1970	20.0	17.8	32.6	1.83	7.9	7.9	6.2	16.6
1971	19.1	17.1	30.3	1.77	7.7	7.2	5.8	14.6
1972	18.5	16.4	29.6	1.80	7.7	7.0	5.5	13.2
1973	17.7	15.8	28.1	1.78	7.6	6.7	5.4	12.4
1974	16.7	14.8	26.8	1.81	7.4	6.2	5.0	11.4
1975	16.1	14.2	26.2	1.85	7.4	6.0	5.0	10.5
1976	15.2	13.3	25.5	1.92	7.3	5.7	4.8	9.9
1977	14.1	12.3	23.6	1.92	7.1	5.6	4.7	9.6
1978	13.8	12.0	23.1	1.93	7.1	5.4	4.5	9.3
1979	13.1	11.4	21.8	1.91	6.9	5.1	4.3	8.9
1980	12.6	11.0	21.4	1.95	6.8	5.1	4.3	8.8
1981	11.9	10.5	20.0	1.90	6.8	5.2	4.3	9.1
1982	11.5	10.1	19.6	1.94	6.8	5.5	4.5	9.6
1983	11.2	9.7	19.2	1.98	6.8	5.6	4.6	9.7
1984	10.8	9.4	18.4	1.96	6.7	5.6	4.7	9.6
1985	10.6	9.3	18.2	1.96	6.8	5.7	4.7	10.0
1986	10.4	8.9	18.0	2.02	6.8	6.0	5.0	10.6
1987	10.1	8.6	17.9	2.08	6.9	6.1	5.0	11.1
1988	10.0	8.5	17.6	2.07	6.9	6.1	5.0	10.9
Total percent change								
1969-1988	-52.2%	-53.8%	-49.4%	—	-14.8%	-24.7%	-20.6%	-40.1%
1980-1988	-20.6	-22.7	-17.8	—	1.5	19.6	16.3	23.9
Average annual percent change								
1969-1988	-2.7	-2.8	-2.6	—	-0.8	-1.3	-1.1	-2.1
1980-1988	-2.6	-2.8	-2.2	—	0.2	2.5	2.0	3.0

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[1] Infant deaths per 1,000 live births.

Note: n/a = data not available.

National Trends (Continued)

Year	Total Birth Rate[1]	Total Unmarried Birth Rate[2]	Teen Birth Rate[3]	Teen Unmarried Birth Rate[4]
1959	118.8	21.9	89.1	15.5
1960	118.0	21.6	89.1	15.3
1961	117.1	22.7	88.6	16.0
1962	112.0	21.9	81.4	14.8
1963	108.3	22.5	76.7	15.3
1964	104.7	23.0	73.1	15.9
1965	96.3	23.5	70.5	16.7
1966	90.8	23.4	70.3	17.5
1967	87.2	23.9	67.5	18.5
1968	85.2	24.4	65.6	19.7
1969	86.1	25.0	65.5	20.4
1970	87.9	26.4	68.3	22.4
1971	81.6	25.5	64.5	22.3
1972	73.1	24.8	61.7	22.8
1973	68.8	24.3	59.3	22.7
1974	67.8	23.9	57.5	23.0
1975	66.0	24.5	55.6	23.9
1976	65.0	24.3	52.8	23.7
1977	66.8	25.6	52.8	25.1
1978	65.5	25.7	51.5	24.9
1979	67.2	27.2	52.3	26.4
1980	68.4	29.4	53.0	27.6
1981	67.4	29.6	52.7	28.2
1982	67.3	30.0	52.9	28.9
1983	65.8	30.4	51.7	29.7
1984	65.4	31.0	50.9	30.2
1985	66.2	32.8	51.3	31.6
1986	65.4	34.3	50.6	32.6
1987	65.7	36.1	51.1	34.1
1988	67.2	38.6	53.6	36.8
Total percent change				
1969-1988	-22.0%	54.4%	-18.2%	80.4%
1980-1988	-1.8	31.3	1.1	33.3
Average annual percent change				
1969-1988	-1.2	2.9	-1.0	4.2
1980-1988	-0.2	3.9	0.1	4.2

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[1] Per 1,000 women ages 15-44; this rate also is called the fertility rate.

[2] Per 1,000 unmarried women ages 15-44.

[3] Per 1,000 women ages 15-19.

[4] Per 1,000 unmarried women ages 15-19.

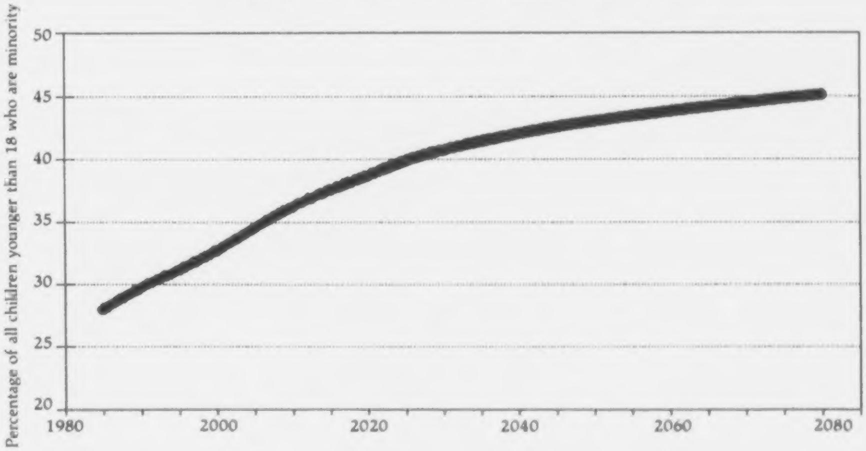
Note: n/a = data not available.

Children and Young Adults Are Becoming Scarce Resources

Year	Total Population (thousands)	Population Younger than 18 (thousands)	Percent of Total Population	Population Ages 18-24 (thousands)	Percent of Total Population
1980	227,255	63,692	28%	30,093	13%
1985	238,736	62,980	26	28,500	12
1995	259,559	67,133	26	23,702	9
2000	267,955	67,389	25	24,601	9
2030	304,807	65,866	22	26,226	9

- The nation's young work force is shrinking. By 1995 there will be 6 million fewer 18- to 24-year-olds than there were in 1980.
- Although the actual number of children younger than age 18 will increase until the year 2000, the percentage of the population that is younger than 18 is decreasing. After 2000 the total number of children will begin decreasing as well.

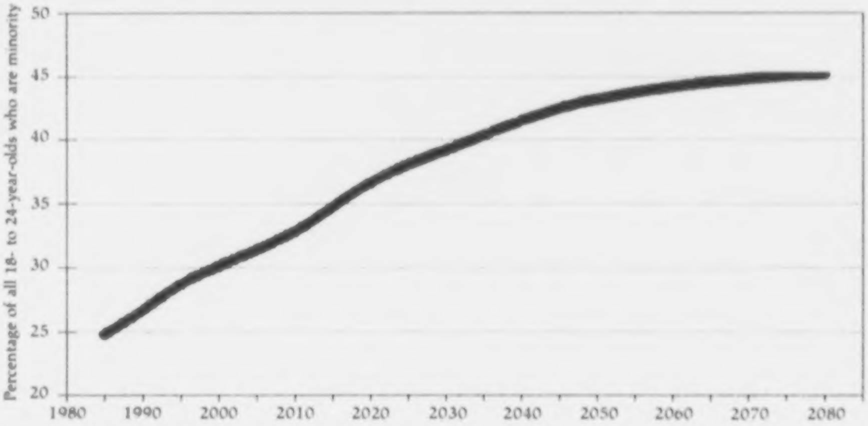
Minority Children in the United States



Year	1985	1990	1995	2000	2010	2020	2030	2050	2080
Percent	28.0%	29.7%	31.1%	32.7%	36.2%	38.7%	40.7%	43.0%	45.1%

Source: Based on Census Bureau projections.

Minorities in the Young Work Force



Year	1985	1990	1995	2000	2010	2020	2030	2050	2080
Percent	24.8%	26.7%	28.7%	30.1%	32.8%	36.6%	39.2%	43.2%	45.2%

- Nearly one-third of the nation's 18- to 24-year-olds will be minorities in 2000, compared with less than one-quarter in 1985.
- There will be 26 percent fewer white, non-Latino 18- to 24-year-olds in the year 2030 than there were in 1985.

Source: Based on Census Bureau projections.

Child Poverty Rates, by Race and Region

Race, region	1969	1979	1987
All races			
South	23.5%	19.6%	23.4%
Northeast	10.9	15.5	16.9
Midwest	10.6	13.0	18.4
West	12.9	14.2	18.9
U.S. average	15.1	16.0	20.0
White			
South	15.0	12.7	15.7
Northeast	8.4	10.7	13.5
Midwest	8.3	9.6	13.6
West	11.2	10.8	16.9
U.S. average	10.7	11.0	15.0
Black			
South	50.9	40.0	45.9
Northeast	31.4	37.1	39.4
Midwest	31.5	36.2	51.5
West	31.4	29.4	35.4
U.S. average	42.0	37.8	45.1

Maternal Labor Force Participation of Married Women With Children Younger than Six

Year	In the Labor Force	
	Number	Percent
1948	1,226,000	10.8%
1949	1,285,000	11.0
1950	1,399,000	11.9
1951	1,670,000	14.0
1952	1,688,000	13.9
1953	1,884,000	15.5
1954	1,808,000	14.9
1955	2,012,000	16.2
1956	2,048,000	15.9
1957	2,208,000	17.0
1958	2,399,000	18.2
1959	2,471,000	18.7
1960	2,474,000	18.6
1961	2,661,000	20.0
1962	2,884,000	21.3
1963	3,006,000	22.5
1964	3,050,000	22.7
1965	3,117,000	23.2
1966	3,186,000	24.2
1967	3,481,000	26.5
1968	3,564,000	27.6
1969	3,596,000	28.5
1970	3,914,000	30.3
1971	3,690,000	29.6
1972	3,778,000	30.1
1973	4,104,000	32.7
1974	4,274,000	34.4
1975	4,518,000	36.7
1976	4,520,000	37.5
1977	4,547,000	39.4
1978	4,768,000	41.7
1979	4,939,000	43.3
1980	5,227,000	45.1
1981	5,603,000	47.8
1982	5,690,000	48.7
1983	5,859,000	49.9
1984	6,219,000	51.8
1985	6,406,000	53.4
1986	6,573,000	53.8
1987	6,952,000	56.8
1988	6,956,000	57.1
Average annual change		
1950-60	107,500	
1960-70	144,000	
1970-80	131,300	
1980-88	216,100	

Youth Unemployment Rates

	Total Unemployment Rates			Unemployment Rates of Youths Not Enrolled in School		
				Level of Education		
Year	All ages (%)	Ages 16-19 (%)	Ages 20-24 (%)	Less than 4 years of high school (%)	High school graduate only (%)	Four years or more of college (%)
1959	5.5	14.6	8.5	n/a	n/a	n/a
1960	5.5	14.7	8.7	n/a	n/a	n/a
1961	6.7	16.8	10.4	n/a	n/a	n/a
1962	5.5	14.7	9.0	n/a	n/a	n/a
1963	5.7	17.2	8.8	n/a	n/a	n/a
1964	5.2	16.2	8.3	n/a	n/a	n/a
1965	4.5	14.8	6.7	n/a	n/a	n/a
1966	3.8	12.8	5.3	n/a	n/a	n/a
1967	3.8	12.9	5.7	n/a	n/a	n/a
1968	3.6	12.7	5.8	n/a	n/a	n/a
1969	3.5	12.2	5.7	n/a	n/a	n/a
1970	4.9	15.3	8.2	17.2	9.9	6.5
1971	5.9	16.9	10.0	18.0	9.6	6.6
1972	5.6	16.2	9.3	16.8	9.5	7.2
1973	4.9	14.5	7.8	14.9	7.2	4.9
1974	5.6	16.0	9.1	19.2	9.8	5.0
1975	8.5	19.9	13.6	25.3	13.6	8.2
1976	7.7	19.0	12.0	24.7	12.1	7.1
1977	7.1	17.8	11.0	20.6	10.5	8.0
1978	6.1	16.4	9.6	18.8	8.8	6.3
1979	5.8	16.1	9.1	19.2	9.9	5.0
1980	7.1	17.8	11.5	25.3	12.5	5.9
1981	7.6	19.6	12.3	26.9	13.8	5.3
1982	9.7	23.2	14.9	31.8	17.3	9.2
1983	9.6	22.4	14.5	27.3	15.2	7.0
1984	7.5	18.9	11.5	25.8	11.8	5.9
1985	7.2	18.6	11.1	25.9	12.7	5.4
1986	7.0	18.3	10.7	24.3	11.5	4.8
1987	6.2	16.9	9.7	21.8	10.7	5.5
1988	5.5	15.3	8.7	20.0	10.1	4.8
1989	5.3	15.0	8.6	19.9	10.1	5.0
Total percent change						
1970-1989	8.2%	-2.0%	4.9%	15.7%	2.0%	-23.1%
1980-1989	-25.4	-15.7	-24.3	-21.3	-19.2	-15.3
Average annual percent change						
1970-1989	0.4	-0.1	0.3	0.8	0.1	-1.2
1980-1989	-2.8	-1.7	-2.7	-2.4	-2.1	-1.7

Note: n/a = data not available.

Children in the States

Child Population and Child Poverty

	Estimated Number of Children Younger than 5 (1989)	Estimated Number of Children Ages 5-17 (1989)	Estimated Number of Children Younger than 18 (1989)	Estimated Total State Population (1989)	Children as Percent of State Population (1989)
Alabama	297,000	811,000	1,108,000	4,118,000	26.9%
Alaska	55,000	110,000	165,000	527,000	31.3
Arizona	311,000	671,000	982,000	3,556,000	27.6
Arkansas	174,000	476,000	650,000	2,406,000	27.0
California	2,489,000	5,225,000	7,714,000	29,063,000	26.5
Colorado	262,000	602,000	864,000	3,317,000	26.0
Connecticut	227,000	532,000	759,000	3,239,000	23.4
Delaware	49,000	119,000	168,000	673,000	25.0
District of Columbia	48,000	91,000	139,000	604,000	23.0
Florida	887,000	1,985,000	2,872,000	12,671,000	22.7
Georgia	511,000	1,286,000	1,797,000	6,436,000	27.9
Hawaii	89,000	199,000	288,000	1,112,000	25.9
Idaho	79,000	225,000	304,000	1,014,000	30.0
Illinois	864,000	2,116,000	2,980,000	11,658,000	25.6
Indiana	395,000	1,065,000	1,460,000	5,593,000	26.1
Iowa	189,000	519,000	708,000	2,840,000	24.9
Kansas	191,000	468,000	659,000	2,513,000	26.2
Kentucky	250,000	716,000	966,000	3,727,000	25.9
Louisiana	362,000	911,000	1,273,000	4,382,000	29.1
Maine	85,000	220,000	305,000	1,222,000	25.0
Maryland	358,000	803,000	1,161,000	4,694,000	24.7
Massachusetts	413,000	924,000	1,337,000	5,913,000	22.6
Michigan	684,000	1,761,000	2,445,000	9,273,000	26.4
Minnesota	328,000	801,000	1,129,000	4,353,000	25.9
Mississippi	203,000	566,000	769,000	2,621,000	29.3
Missouri	370,000	936,000	1,306,000	5,159,000	25.3
Montana	59,000	158,000	217,000	806,000	26.9
Nebraska	119,000	305,000	424,000	1,611,000	26.3
Nevada	86,000	191,000	277,000	1,111,000	24.9
New Hampshire	84,000	195,000	279,000	1,107,000	25.2
New Jersey	547,000	1,286,000	1,833,000	7,736,000	23.7
New Mexico	134,000	320,000	454,000	1,528,000	29.7
New York	1,306,000	3,044,000	4,350,000	17,950,000	24.2
North Carolina	463,000	1,179,000	1,642,000	6,571,000	25.0
North Dakota	50,000	129,000	179,000	660,000	27.1
Ohio	782,000	2,036,000	2,818,000	10,907,000	25.8
Oklahoma	234,000	619,000	853,000	3,224,000	26.5
Oregon	194,000	503,000	697,000	2,820,000	24.7
Pennsylvania	801,000	2,039,000	2,840,000	12,040,000	23.6
Rhode Island	69,000	162,000	231,000	998,000	23.1
South Carolina	265,000	690,000	955,000	3,512,000	27.2
South Dakota	56,000	140,000	196,000	715,000	27.4
Tennessee	340,000	915,000	1,255,000	4,940,000	25.4
Texas	1,478,000	3,474,000	4,952,000	16,991,000	29.1
Utah	175,000	456,000	631,000	1,707,000	37.0
Vermont	40,000	101,000	141,000	567,000	24.9
Virginia	443,000	1,039,000	1,482,000	6,098,000	24.3
Washington	357,000	859,000	1,216,000	4,761,000	25.5
West Virginia	110,000	353,000	463,000	1,857,000	24.9
Wisconsin	356,000	899,000	1,255,000	4,867,000	25.8
Wyoming	36,000	100,000	136,000	475,000	28.6
U.S. total	18,752,000	45,330,000	64,082,000	248,239,000	25.8

Child Population and Child Poverty (Continued)

	Estimated Average Number of Poor Children, 1983-1987	Estimated Average Child Poverty Rate, 1983-1987	Rank of Average Child Poverty Rate, 1983-1987	Change in Child Poverty Rate from 1979 to 1983-1987	Estimated State Median Income of 4-Person Families (FY 1991)	Estimated State Median Income Rank (FY 1991)
Alabama	348,000	31.7	50	8.1	$33,022	40
Alaska	21,000	12.7	3	0.6	47,247	5
Arizona	183,000	21.2	32	4.7	36,892	27
Arkansas	192,000	29.0	46	5.6	28,665	51
California	1,512,000	21.4	35	6.2	41,425	12
Colorado	131,000	16.2	16	4.7	39,095	18
Connecticut	86,000	11.8	2	0.4	50,720	2
Delaware	24,000	15.3	10	-0.3	41,742	9
District of Columbia	39,000	31.3	49	4.3	38,562	20
Florida	575,000	21.1	31	2.6	37,280	25
Georgia	381,000	24.2	43	3.1	38,208	21
Hawaii	46,000	16.7	19	3.7	42,353	8
Idaho	67,000	21.7	36	7.4	31,454	45
Illinois	730,000	22.8	38	7.9	41,635	11
Indiana	259,000	18.4	23	6.5	37,939	23
Iowa	170,000	21.3	33	9.8	34,804	35
Kansas	96,000	14.5	7	3.1	35,796	30
Kentucky	238,000	23.6	42	2.0	32,088	43
Louisiana	390,000	30.6	48	7.1	32,514	41
Maine	48,000	16.0	14	0.2	35,385	32
Maryland	133,000	13.0	4	0.5	49,105	3
Massachusetts	204,000	14.1	6	1.0	48,296	4
Michigan	564,000	22.7	37	9.4	41,044	15
Minnesota	186,000	16.3	17	6.1	41,076	14
Mississippi	257,000	34.3	51	3.9	29,624	49
Missouri	268,000	20.5	29	5.9	37,187	26
Montana	48,000	20.1	27	6.3	32,333	42
Nebraska	86,000	18.7	25	6.6	34,287	37
Nevada	39,000	15.2	9	5.2	39,148	17
New Hampshire	15,000	6.2	1	-3.2	45,619	6
New Jersey	288,000	15.5	12	1.4	52,305	1
New Mexico	117,000	27.5	45	5.4	29,350	50
New York	1,031,000	23.6	41	4.6	41,700	10
North Carolina	294,000	19.5	26	1.2	35,678	31
North Dakota	33,000	16.4	18	2.1	31,346	46
Ohio	581,000	20.2	28	7.0	38,145	22
Oklahoma	188,000	21.0	30	5.3	31,905	44
Oregon	121,000	17.7	22	5.7	36,623	28
Pennsylvania	516,000	18.4	24	4.5	37,855	24
Rhode Island	38,000	16.7	20	3.1	41,377	13
South Carolina	215,000	23.5	40	2.5	34,915	34
South Dakota	43,000	21.3	34	1.3	30,503	47
Tennessee	293,000	25.2	44	4.6	34,160	38
Texas	1,079,000	23.3	39	4.6	35,280	33
Utah	81,000	13.2	5	2.5	34,410	36
Vermont	22,000	16.1	15	2.2	36,467	29
Virginia	207,000	14.9	8	0.0	42,587	7
Washington	194,000	16.9	21	5.4	39,327	16
West Virginia	155,000	30.4	47	11.9	29,743	48
Wisconsin	199,000	15.8	13	5.4	38,662	19
Wyoming	23,000	15.5	11	7.8	33,667	39
U.S. total	13,055,000	20.9		4.9	39,051	—

Family Income and Supports

	Employment				Child Support		
	Total Unemployment Rate (1989)	Total Unemployment Rank (1989)	Black Unemployment Rate (1989)	Percent of Unemployed Receiving Unemployment Insurance (1988)	Percent of Child Support Enforcement Cases with at Least One Payment (1988)	Child Support Enforcement Cases with Payment, Rank (1988)	State Income Tax on $10,000 Annual Income (1988)
Alabama	7.0%	46	13.0%	23.7%	12.3%	38	$156
Alaska	6.7	43	16.3	51.5	18.6	21	*
Arizona	5.2	30	n/a	20.4	6.1	50	32
Arkansas	7.2	48	18.1	29.8	22.0	13	130
California	5.1	26	10.1	44.1	20.1	17	0
Colorado	5.8	37	12.2	24.6	6.2	48	0
Connecticut	3.7	6	8.9	40.9	22.0	13	*
Delaware	3.5	3	6.6	39.8	32.6	3	45
District of Columbia	5.0	24	6.7	47.9	6.2	48	0
Florida	5.6	34	11.9	17.3	14.2	33	*
Georgia	5.5	31	9.9	20.1	11.7	39	10
Hawaii	2.6	1	n/a	41.9	16.2	30	116
Idaho	5.1	26	n/a	42.2	18.8	20	0
Illinois	6.0	39	17.3	27.6	7.6	45	150
Indiana	4.7	22	12.0	20.1	15.4	32	204
Iowa	4.3	16	n/a	27.5	21.9	15	144
Kansas	4.0	10	12.5	32.6	16.3	28	0
Kentucky	6.2	40	14.0	21.3	12.8	37	281
Louisiana	7.9	50	16.7	20.2	13.1	36	0
Maine	4.1	12	n/a	41.3	27.7	6	0
Maryland	3.7	6	6.9	25.1	7.8	44	0
Massachusetts	4.0	10	9.2	57.3	26.4	9	0
Michigan	7.1	47	16.8	33.2	15.7	31	129
Minnesota	4.3	16	n/a	36.2	27.2	7	0
Mississippi	7.8	49	15.9	22.8	5.4	51	0
Missouri	5.5	31	11.5	30.9	18.5	22	31
Montana	5.9	38	n/a	30.6	10.5	40	109
Nebraska	3.1	2	5.8	29.5	28.1	5	0
Nevada	5.0	24	9.8	31.4	21.0	16	*
New Hampshire	3.5	3	n/a	19.1	32.5	4	*
New Jersey	4.1	12	8.6	47.8	22.9	11	120
New Mexico	6.7	43	n/a	22.6	9.3	43	0
New York	5.1	26	10.8	46.2	17.4	25	0
North Carolina	3.5	3	6.3	32.3	18.1	23	252
North Dakota	4.3	16	n/a	34.2	16.9	27	0
Ohio	5.5	31	14.2	28.4	16.3	28	0
Oklahoma	5.6	34	16.9	18.7	7.2	46	33
Oregon	5.7	36	n/a	39.4	17.3	26	50
Pennsylvania	4.5	20	9.0	41.6	24.9	10	211
Rhode Island	4.1	12	7.0	72.0	19.1	19	0
South Carolina	4.7	22	8.4	28.1	14.0	34	0
South Dakota	4.2	15	n/a	20.6	35.2	2	*
Tennessee	5.1	26	8.4	31.2	10.1	41	*
Texas	6.7	43	11.9	19.4	9.9	42	*
Utah	4.6	21	n/a	28.1	22.3	12	0
Vermont	3.7	6	n/a	50.2	26.6	8	0
Virginia	3.9	9	9.7	18.9	17.8	24	93
Washington	6.2	40	17.0	44.9	19.4	18	*
West Virginia	8.6	51	11.8	23.8	7.0	47	60
Wisconsin	4.4	19	21.2	39.1	39.0	1	0
Wyoming	6.3	42	n/a	27.6	13.6	35	*
U.S. total	5.3		11.4	n/a	16.7		n/a

Note: n/a = data not available or not applicable.

*No broad-based individual income tax.

Family Income and Supports (Continued)

	AFDC							
	Monthly AFDC Benefit for a 3-Person Family (July 1990)	1990 AFDC Benefits as Percent of 1989 Federal Poverty Level for 3-Person Families	AFDC Benefits as Percent of Federal Poverty Level, Rank	Monthly Combined AFDC and Food Stamps for 3 Persons (July 1990)	Monthly Combined AFDC and Food Stamps (July 1990) as Percent of 1989 Federal Poverty Level	Percent of AFDC Households Receiving Food Stamps (1987)	HUD-Determined Fair Market Rent in Lowest Cost Metropolitan Area in State (1989)	HUD Fair Market Rent as Percent of AFDC Grant for 3 Persons (July 1990)
Alabama	$118	14.3%	51	$ 378	45.9%	83.2%	$321	272.0%
Alaska	846	82.1	4	1,066	103.5	67.9	547	64.7
Arizona	293	35.6	38	551	66.9	85.3	564	192.5
Arkansas	204	24.8	46	464	56.3	85.9	366	179.4
California	694	84.2	2	832	101.0	70.9	434	62.5
Colorado	356	43.2	29	595	72.2	81.7	465	130.6
Connecticut	680	82.5	3	822	99.7	75.7	555	81.6
Delaware	333	40.4	32	579	70.3	80.2	594	178.4
District of Columbia	409	49.6	19	633	76.8	47.0	731	178.7
Florida	294	35.7	37	552	67.0	76.8	351	119.4
Georgia	273	33.1	41	533	64.7	77.0	358	131.1
Hawaii	632	66.7	6	961	101.4	83.5	695	110.0
Idaho	317	38.5	35	568	68.9	84.3	543	171.3
Illinois	367	44.5	26	609	73.9	88.8	445	121.3
Indiana	288	35.0	40	548	66.5	81.5	366	127.1
Iowa	426	51.7	16	644	78.1	88.8	432	101.4
Kansas	409	49.6	19	643	78.0	79.6	437	106.8
Kentucky	228	27.7	44	488	59.2	85.5	351	153.9
Louisiana	190	23.1	48	450	54.6	76.3	376	197.9
Maine	453	55.0	14	663	80.4	84.5	488	107.7
Maryland	406	49.3	21	648	78.6	83.3	383	94.3
Massachusetts	539	65.4	8	724	87.8	79.3	548	101.7
Michigan	472	57.3	13	656	79.6	91.4	393	83.3
Minnesota	532	64.6	9	719	87.2	79.4	440	82.7
Mississippi	120	14.6	50	380	46.1	87.7	375	312.5
Missouri	292	35.4	39	551	66.9	82.3	338	115.8
Montana	370	44.9	25	605	73.4	91.5	451	121.9
Nebraska	364	44.2	27	601	72.9	87.6	432	118.7
Nevada	330	40.0	33	577	70.0	72.2	636	192.7
New Hampshire	506	61.4	11	700	84.9	78.8	628	124.1
New Jersey	424	51.5	17	651	79.0	85.4	497	117.2
New Mexico	310	37.6	36	563	68.3	85.3	416	134.2
New York	703	85.3	1	766	92.9	93.2	427	60.7
North Carolina	272	33.0	42	532	64.6	71.6	353	129.8
North Dakota	401	48.7	22	627	76.1	71.8	427	106.5
Ohio	334	40.5	31	584	70.9	89.5	372	111.4
Oklahoma	325	39.4	34	574	69.6	82.3	370	113.8
Oregon	444	53.9	15	692	84.0	87.9	492	110.8
Pennsylvania	421	51.1	18	641	77.8	88.5	388	92.2
Rhode Island	543	65.9	7	731	88.7	90.4	559	102.9
South Carolina	206	25.0	45	466	56.5	80.3	349	169.4
South Dakota	385	46.7	24	616	74.7	77.0	401	104.2
Tennessee	195	23.7	47	455	55.2	85.6	362	185.6
Texas	184	22.3	49	444	53.9	89.5	366	198.9
Utah	387	47.0	23	617	74.9	83.8	412	106.5
Vermont	662	80.3	5	810	98.3	86.1	639	96.5
Virginia	354	43.0	30	594	72.1	66.8	362	102.3
Washington	501	60.8	12	714	86.6	84.5	436	87.0
West Virginia	249	30.2	43	509	61.8	93.6	383	153.8
Wisconsin	518	62.9	10	709	86.0	82.6	405	78.2
Wyoming	360	43.7	28	598	72.6	87.9	497	138.1
U.S. total	n/a	n/a	n/a	n/a	n/a	82.9		

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*No broad-based individual income tax.

Note: Unemployment insurance and income tax data are from the Center on Budget and Policy Priorities.

Maternal and Child Health

	Prenatal Care			
	Percent of Babies Born to Mothers Receiving Early Prenatal Care (1st Trimester) (1988)	Early Prenatal Care Rank (1988)	Percent of Babies Born to Mothers Receiving No Care or Late Prenatal Care (3rd Trimester) (1988)	Late or No Prenatal Care Rank (1988)
Alabama	73.1%	42	6.4%	39
Alaska	79.3	20	4.0	15
Arizona	67.9	47	10.2	48
Arkansas	68.3	46	7.3	44
California	75.3	35	6.1	37
Colorado	77.4	27	5.3	29
Connecticut	83.1	5	3.9	14
Delaware	79.7	19	4.1	17
District of Columbia	61.2	50	11.2	49
Florida	70.1	45	8.2	45
Georgia	73.3	41	6.9	42
Hawaii	76.6	31	5.4	30
Idaho	74.8	37	5.6	32
Illinois	78.1	25	5.1	27
Indiana	78.2	24	4.9	23
Iowa	85.4	1	2.5	1
Kansas	81.6	11	3.8	12
Kentucky	76.7	29	5.0	25
Louisiana	74.3	38	6.9	43
Maine	82.8	7	2.8	3
Maryland	81.2	13	4.2	18
Massachusetts	83.4	4	3.1	7
Michigan	79.9	16	3.7	10
Minnesota	79.8	17	4.4	21
Mississippi	75.9	32	4.1	16
Missouri	79.2	21	4.4	20
Montana	77.7	26	5.1	26
Nebraska	82.4	9	3.2	8
Nevada	72.0	43	9.4	46
New Hampshire	84.1	2	3.0	6
New Jersey	79.7	18	5.4	31
New Mexico	54.9	51	16.1	51
New York	74.8	36	6.9	41
North Carolina	75.7	33	5.6	33
North Dakota	81.9	10	2.8	4
Ohio	81.6	12	3.8	13
Oklahoma	73.6	40	6.3	38
Oregon	73.9	39	6.4	40
Pennsylvania	78.9	22	5.7	34
Rhode Island	84.0	3	3.0	5
South Carolina	64.7	49	10.1	47
South Dakota	76.6	30	5.8	35
Tennessee	75.5	34	5.2	28
Texas	66.9	48	11.5	50
Utah	82.6	8	2.8	2
Vermont	80.6	15	3.7	11
Virginia	80.7	14	4.2	19
Washington	77.1	28	5.0	24
West Virginia	71.2	44	5.9	36
Wisconsin	83.1	6	3.3	9
Wyoming	78.4	23	4.6	22
U.S. total	75.9		6.1	

Maternal and Child Health (Continued)

	Infant Mortality			Low-Birthweight Births		
	Infant Mortality Rate[1] (1988)	Infant Mortality Rank (1988)	Black Infant Mortality Rate[1] (1988)	Number of Low-Birthweight Births (1988)	Percent of All Births That Were Low Birthweight (1988)	Low Birthweight Rank (1988)
Alabama	12.1	46	17.2	4,866	8.0%	44
Alaska	11.6	44	—	558	5.0	5
Arizona	9.7	25	17.9	4,088	6.2	20
Arkansas	10.7	36	17.4	2,870	8.2	46
California	8.6	13	15.9	32,001	6.0	16
Colorado	9.6	24	12.0	4,186	7.8	41
Connecticut	8.9	17	15.5	3,238	6.7	25
Delaware	11.8	45	21.1	765	7.4	36
District of Columbia	23.2	51	26.0	1,507	14.3	51
Florida	10.6	34	17.4	14,119	7.7	39
Georgia	12.6	50	18.9	8,858	8.4	47
Hawaii	7.2	2	—	1,311	6.9	29
Idaho	8.8	16	—	808	5.1	8
Illinois	11.3	42	20.7	13,793	7.5	37
Indiana	11.0	39	19.9	5,365	6.6	23
Iowa	8.7	14	—	2,072	5.4	11
Kansas	8.0	7	16.5	2,379	6.1	19
Kentucky	10.7	35	17.4	3,421	6.7	24
Louisiana	11.0	40	14.3	6,504	8.8	49
Maine	7.9	5	—	832	4.9	4
Maryland	11.3	43	17.8	6,136	8.1	45
Massachusetts	7.9	4	15.4	5,286	6.0	17
Michigan	11.1	41	21.9	10,192	7.3	35
Minnesota	7.8	3	19.5	3,322	5.0	6
Mississippi	12.3	47	16.1	3,668	8.7	48
Missouri	10.1	31	16.2	5,221	6.8	26
Montana	8.7	15	—	696	6.0	15
Nebraska	9.0	20	22.4	1,319	5.5	13
Nevada	8.4	11	18.7	1,358	7.5	38
New Hampshire	8.3	9	—	837	4.8	3
New Jersey	9.9	27	18.5	8,285	7.0	32
New Mexico	10.0	29	—	1,950	7.2	34
New York	10.8	37	18.1	21,774	7.8	40
North Carolina	12.5	49	19.5	7,823	8.0	43
North Dakota	10.5	33	—	485	4.8	2
Ohio	9.7	26	15.9	11,017	6.9	28
Oklahoma	9.0	23	12.6	3,102	6.5	22
Oregon	8.6	12	—	2,101	5.2	9
Pennsylvania	9.9	28	19.8	11,417	6.9	30
Rhode Island	8.2	8	—	854	6.0	18
South Carolina	12.3	48	16.6	4,935	9.0	50
South Dakota	10.1	30	—	523	4.7	1
Tennessee	10.8	38	18.6	5,556	7.9	42
Texas	9.0	19	14.2	20,727	6.8	27
Utah	8.0	6	—	2,048	5.7	14
Vermont	6.8	1	—	406	5.0	7
Virginia	10.4	32	17.9	6,549	7.0	31
Washington	9.0	22	16.1	3,804	5.3	10
West Virginia	9.0	21	—	1,389	6.4	21
Wisconsin	8.4	10	16.4	3,856	5.4	12
Wyoming	8.9	18	—	504	7.0	33
U.S. total	10.0		17.6	270,681	6.9	

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[1] Deaths per 1,000 live births.

Note: — = number too small to calculate a reliable rate.

Births to Unmarried Mothers and Births to Adolescent Mothers

State	Total Number of Births (1988)	Percent of Babies Born to Unmarried Mothers (1988)	Percent of Babies Born to Unmarried Mothers, Rank (1988)	Number of Babies Born to Teens (1988)
Alabama	60,745	27.9%	39	10,597
Alaska	11,232	23.4	27	1,049
Arizona	65,623	28.7	41	9,059
Arkansas	35,035	26.5	35	6,606
California	533,148	28.6	40	58,950
Colorado	53,367	19.5	12	5,690
Connecticut	48,077	23.8	30	4,124
Delaware	10,406	27.1	37	1,329
District of Columbia	10,540	61.7	51	1,854
Florida	184,119	28.7	42	25,292
Georgia	105,923	29.6	44	17,457
Hawaii	19,045	22.2	20	1,786
Idaho	15,741	14.1	2	1,827
Illinois	184,841	29.5	43	23,183
Indiana	81,643	22.7	25	11,488
Iowa	38,119	17.7	6	3,541
Kansas	38,792	18.1	7	4,416
Kentucky	51,058	21.9	19	8,827
Louisiana	73,902	33.5	49	12,381
Maine	17,172	20.3	14	1,864
Maryland	75,768	32.6	48	8,451
Massachusetts	88,194	22.2	21	7,273
Michigan	139,714	21.6	17	17,460
Minnesota	66,748	18.3	9	4,857
Mississippi	42,074	37.6	50	8,704
Missouri	76,492	25.0	32	10,456
Montana	11,692	20.8	15	1,156
Nebraska	23,907	18.1	8	2,213
Nevada	18,008	19.1	11	2,252
New Hampshire	17,364	14.4	3	1,301
New Jersey	117,764	24.3	31	10,515
New Mexico	27,015	32.2	47	4,248
New York	280,650	30.1	45	26,487
North Carolina	97,579	26.3	33	15,629
North Dakota	10,103	15.6	4	765
Ohio	160,529	26.4	34	21,738
Oklahoma	47,408	22.4	23	7,581
Oregon	40,052	23.6	28	4,578
Pennsylvania	165,639	26.5	36	18,137
Rhode Island	14,224	22.9	26	1,458
South Carolina	55,114	30.3	46	9,248
South Dakota	11,194	20.9	16	1,191
Tennessee	70,711	27.6	38	12,153
Texas	303,418	19.7	13	46,113
Utah	36,055	11.7	1	3,358
Vermont	8,111	18.6	10	722
Virginia	93,127	23.8	29	10,428
Washington	72,503	22.3	22	7,653
West Virginia	21,846	22.6	24	3,688
Wisconsin	70,817	21.9	18	6,950
Wyoming	7,162	17.2	5	858
U.S. total	3,909,510	25.7		488,941

Births to Unmarried Mothers and Births to Adolescent Mothers (Continued)

	Percent of All Births That Were to Teens (1988)	Percent of All Births That Were to Teens, Rank (1988)	Number of Births to Unmarried Teens (1988)	Percent of All Births to Teens That Were to Unmarried Women (1988)	Teen Unmarried Birth Rank (1988)	Percent of Births to Teenage Mothers Who Received Early Prenatal Care (1988)
Alabama	17.4%	48	6,463	61.0%	12	50.1%
Alaska	9.3	11	657	62.6	15	59.1
Arizona	13.8	36	6,177	68.2	31	47.6
Arkansas	18.9	50	3,719	56.3	9	48.7
California	11.1	22	38,306	65.0	24	56.0
Colorado	10.7	19	3,651	64.2	19	51.5
Connecticut	8.6	5	3,239	78.5	47	54.6
Delaware	12.8	32	1,002	75.4	40	53.1
District of Columbia	17.6	49	1,755	94.7	51	46.5
Florida	13.7	35	16,882	66.7	28	44.7
Georgia	16.5	42	11,209	64.2	20	54.0
Hawaii	9.4	12	1,247	69.8	35	56.6
Idaho	11.6	27	833	45.6	1	53.8
Illinois	12.5	31	18,406	79.4	48	53.7
Indiana	14.1	37	7,213	62.8	16	57.9
Iowa	9.3	9	2,428	68.6	33	65.7
Kansas	11.4	25	2,580	58.4	11	59.2
Kentucky	17.3	47	4,310	48.8	3	60.4
Louisiana	16.8	43	8,766	70.8	38	55.0
Maine	10.9	20	1,204	64.6	23	68.0
Maryland	11.2	23	6,904	81.7	50	58.1
Massachusetts	8.2	4	5,710	78.5	46	58.9
Michigan	12.5	29	10,921	62.5	14	57.7
Minnesota	7.3	1	3,702	76.2	42	56.7
Mississippi	20.7	51	6,250	71.8	39	59.6
Missouri	13.7	34	6,804	65.1	25	56.0
Montana	9.9	15	772	66.8	29	55.3
Nebraska	9.3	8	1,554	70.2	36	57.2
Nevada	12.5	30	1,107	49.2	5	49.2
New Hampshire	7.5	2	809	62.2	13	58.2
New Jersey	8.9	7	8,555	81.4	49	47.4
New Mexico	15.7	39	2,911	68.5	32	36.0
New York	9.4	13	20,302	76.6	44	50.6
North Carolina	16.0	41	9,872	63.2	17	52.2
North Dakota	7.6	3	501	65.5	26	60.7
Ohio	13.5	33	15,368	70.7	37	60.4
Oklahoma	16.0	40	4,013	52.9	8	53.0
Oregon	11.4	26	2,906	63.5	18	50.2
Pennsylvania	10.9	21	13,921	76.8	45	53.9
Rhode Island	10.3	16	1,105	75.8	41	63.9
South Carolina	16.8	44	6,403	69.2	34	39.4
South Dakota	10.6	18	804	67.5	30	52.3
Tennessee	17.2	46	7,088	58.3	10	55.5
Texas	15.2	38	22,576	49.0	4	44.0
Utah	9.3	10	1,602	47.7	2	67.5
Vermont	8.9	6	466	64.5	22	57.4
Virginia	11.2	24	6,697	64.2	21	58.6
Washington	10.6	17	5,096	66.6	27	52.7
West Virginia	16.9	45	1,881	51.0	6	51.0
Wisconsin	9.8	14	5,314	76.5	43	60.1
Wyoming	12.0	28	445	51.9	7	59.2
U.S. total	12.5		322,406	65.9		53.1

Medicaid Coverage of Pregnant Women and Children*

	Pregnant Women and Infants		Children Younger than 21		
State	Maximum Medicaid Income Eligibility Level (%FPL)	Coverage of Pregnant Women and Infants Above 133%	Coverage of All Financially Needy Children	Maximum Age For Financially Needy Children	Age Maximum for Children Below the Poverty Level
Alabama	133%	No	No	n/a	6
Alaska	133	No	Yes	21	6
Arizona	140	Yes	Yes	18	8
Arkansas	133	No	Yes	18	7
California	185	Yes	Yes	21	8
Colorado	133	No	No	n/a	8
Connecticut	185	Yes	Yes	21	6
Delaware	133	No	No	n/a	6
District of Columbia	185	Yes	Yes	21	8
Florida	150	Yes	Yes	21	7
Georgia	133	No	Yes	18	6
Hawaii	185	Yes	Yes	18	8
Idaho	133	No	No	n/a	6
Illinois	133	No	Yes	18	6
Indiana	133	No	No	n/a	6
Iowa	185	Yes	Yes	21	8
Kansas	150	Yes	Yes	18	6
Kentucky	185	Yes	Yes	18	6
Louisiana	133	No	No	n/a	8
Maine	185	Yes	Yes	21	8
Maryland	185	Yes	Yes	21	6
Massachusetts	185	Yes	Yes	21	6
Michigan	185	Yes	Yes	21	6
Minnesota	185	Yes	Yes	21	8
Mississippi	185	Yes	Yes	18	6
Missouri	133	No	No	n/a	6
Montana	133	No	Yes	19	6
Nebraska	133	No	Yes	21	6
Nevada	133	No	No	n/a	7
New Hampshire	133	No	No	n/a	6
New Jersey	100	No	No	n/a	2
New Mexico	133	No	No	n/a	6
New York	185	Yes	Yes	21	6
North Carolina	185	Yes	Yes	21	7
North Dakota	133	No	Yes	21	6
Ohio	133	No	Yes	21	6
Oklahoma	133	No	Yes	21	6
Oregon	133	No	No	n/a	6
Pennsylvania	133	No	Yes	21	6
Rhode Island	185	Yes	No	n/a	8
South Carolina	185	Yes	Yes	18	7
South Dakota	133	No	No	n/a	6
Tennessee	150	Yes	No	n/a	7
Texas	133	No	Yes	18	6
Utah	133	No	Yes	18	6
Vermont	185	Yes	Yes	21	8
Virginia	133	No	No	n/a	6
Washington	185	Yes	No	n/a	8
West Virginia	150	Yes	No	n/a	8
Wisconsin	155	Yes	Yes	21	6
Wyoming	133	No	No	n/a	6

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*Reflects all authorized expansions effective by January 1, 1991.

Source: Children's Defense Fund telephone survey, September 1990.

Changes Adopted in Medicaid Application Process and Rules

	Eliminated Asset Test			Short Application[1]	Presumptive Eligibility Program
State	Women	Women & Infants	Women, Infants & Young Children		
Alabama	Yes	Yes	No	Yes[3]	Yes
Alaska	Yes	Yes	No	No	No
Arizona	Yes	Yes	No	Yes[3]	No
Arkansas	Yes	Yes	No	Yes[4]	Yes
California	No	No	No	No	No
Colorado	Yes	No	No	Yes[3]	Yes
Connecticut	Yes	Yes	Yes	No	No
Delaware	Yes	Yes	No	Yes	No
District of Columbia	Yes	Yes	No	No	No
Florida	No	No	No	Yes	Yes
Georgia	Yes	Yes	No	Yes	No
Hawaii	Yes	Yes	No	No	Yes
Idaho	Yes	No	No	No	Yes
Illinois	No	No	No	No	Yes
Indiana	Yes	Yes	No	Yes	Yes
Iowa	No	No	No	No	Yes
Kansas	Yes	Yes	No	No	No
Kentucky	Yes	Yes	No	Yes[3]	No
Louisiana	Yes	Yes	No	Yes[3]	Yes
Maine	Yes	Yes	No	No	Yes
Maryland	Yes	Yes	No	Yes	Yes
Massachusetts	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	No	Yes[2]	No
Minnesota	Yes	Yes	No	Yes[2]	No
Mississippi	Yes	Yes	No	No	No
Missouri	Yes	Yes	No	No	Yes
Montana	Yes	Yes	No	No	No
Nebraska	Yes	Yes	Yes	No	Yes
Nevada	Yes	Yes	No	No	No
New Hampshire	Yes	Yes	No	No	No
New Jersey	Yes	Yes	No	No	Yes
New Mexico	Yes	Yes	No	Yes[4]	Yes
New York	Yes	Yes	No	No	Yes
North Carolina	Yes	Yes	No	Yes[2]	Yes
North Dakota	No	No	No	No	No
Ohio	Yes	Yes	No	No	No
Oklahoma	Yes	Yes	No	No	No
Oregon	Yes	Yes	No	Yes[2]	No
Pennsylvania	Yes	Yes	No	No	Yes
Rhode Island	Yes	Yes	No	No	No
South Carolina	Yes	Yes	No	Yes	No
South Dakota	Yes	No	No	Yes[3]	No
Tennessee	Yes	No	No	No	Yes
Texas	No	No	No	Yes[4]	Yes
Utah	Yes	Yes	No	No	Yes
Vermont	Yes	Yes	No	Yes[3,4]	No
Virginia	Yes	No	No	Yes	No
Washington	Yes	Yes	No	Yes[4]	No
West Virginia	Yes	Yes	No	Yes[3]	No
Wisconsin	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	No	No	No

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[1] A Medicaid-only application form, fewer than five pages, which speeds Medicaid enrollment by reducing the paperwork burden on applicants.

[2] For pregnant women only.

[3] For pregnant women and children only.

[4] For Medicaid plus other programs.

Source: Children's Defense Fund telephone survey, September 1990.

Employed Women and the Need for Child Care

	Percent of Children in Single-Parent Families (1980)	Number of Mothers of Children Under 6 Who Are in the Labor Force (1980)	Percent of Mothers of Children Under 6 Who Are in the Labor Force (1980)	Number of Mothers of Children 6-17 Who Are in the Labor Force (1980)	Percent of Mothers of Children Age 6-17 Who Are in the Labor Force (1980)
Alabama	27.0	121,144	48.97	185,976	60.74
Alaska	20.1	14,815	47.37	19,010	65.29
Arizona	22.4	74,582	44.54	116,676	61.40
Arkansas	24.4	74,852	50.99	109,235	62.59
California	26.1	643,658	46.34	1,084,702	65.16
Colorado	20.2	84,877	46.37	143,495	66.14
Connecticut	21.4	65,531	40.85	165,479	66.68
Delaware	25.0	16,777	48.76	30,835	64.96
District of Columbia	58.4	16,814	62.13	28,153	72.15
Florida	28.5	239,124	50.70	438,971	64.86
Georgia	28.5	187,672	53.94	290,484	66.56
Hawaii	21.9	32,215	51.46	45,523	69.65
Idaho	16.0	30,658	43.47	42,557	64.53
Illinois	24.2	299,384	43.35	533,822	63.19
Indiana	20.2	166,157	47.10	276,698	64.05
Iowa	14.8	90,190	49.13	140,500	65.80
Kansas	17.5	72,676	48.31	114,595	67.31
Kentucky	20.8	103,395	41.95	159,815	55.82
Louisiana	28.6	128,005	43.98	173,225	55.54
Maine	19.4	30,097	45.34	56,765	63.62
Maryland	27.0	117,155	50.85	233,397	66.86
Massachusetts	21.6	121,355	41.82	281,921	65.45
Michigan	23.6	238,178	41.58	437,667	59.59
Minnesota	14.6	127,727	50.38	205,757	66.97
Mississippi	30.9	92,586	54.40	117,569	62.78
Missouri	21.7	151,162	50.53	235,719	64.36
Montana	17.0	23,679	44.65	36,461	63.35
Nebraska	15.8	50,622	49.36	74,200	67.18
Nevada	26.0	24,364	54.13	41,651	71.13
New Hampshire	17.3	26,858	49.73	50,486	70.02
New Jersey	23.8	155,381	39.11	360,544	62.21
New Mexico	23.0	39,715	42.50	55,396	57.21
New York	26.9	359,593	37.50	776,996	59.28
North Carolina	26.0	203,233	58.32	335,633	70.34
North Dakota	12.3	21,173	47.23	26,499	58.99
Ohio	20.6	280,855	42.17	498,759	59.28
Oklahoma	20.9	93,784	47.20	143,290	63.21
Oregon	21.6	69,430	43.14	123,183	64.54
Pennsylvania	20.8	237,285	37.39	514,559	57.44
Rhode Island	21.6	22,026	45.01	48,863	68.02
South Carolina	28.3	114,638	58.12	167,117	67.94
South Dakota	16.5	24,227	50.90	30,524	64.55
Tennessee	25.2	143,252	50.96	231,926	63.41
Texas	22.1	468,649	48.10	661,620	63.02
Utah	13.3	49,346	37.44	55,339	64.46
Vermont	18.8	14,469	48.10	26,246	67.59
Virginia	24.1	155,359	49.80	275,923	64.93
Washington	20.7	107,403	42.71	193,407	63.71
West Virginia	17.8	39,780	31.62	68,158	45.94
Wisconsin	16.9	139,824	48.59	239,384	67.34
Wyoming	15.6	14,794	41.53	21,415	66.57
U.S. total	23.3	6,220,525	45.68	10,726,125	63.03

Employed Women and the Need for Child Care (Continued)

	Number of Working Women (1989)	Requires Specific Levels of In-Service Training for Staff in Child Care Centers and Family Day Care Homes	Requires Family Day Care Homes Serving 3 Unrelated Children To be Regulated and Inspected	Requires Immunizations for Children in Regulated Family Day Care Homes	Requires Energy-Absorbing Surfaces Beneath Climbing Surfaces for Centers	Maximum Number of Infants (Age Six Months) Allowed per Single Staff Member in Centers
Alabama	780,000	Both	Yes	Yes	Yes	6
Alaska	109,000	Centers	Yes	No	No	5
Arizona	722,000	Centers	Yes	Yes	Yes	5
Arkansas	480,000	Both	No	Yes	No	6
California	6,054,000	Neither	Yes	No	Yes	4
Colorado	750,000	Neither	Yes	Yes	No	5
Connecticut	782,000	Neither	Yes	No	No	4
Delaware	167,000	Center	Yes	Yes	Yes	4
District of Columbia	149,000	Neither	Yes	Yes	No	4
Florida	2,682,000	Centers	No	Yes	Yes	6
Georgia	1,385,000	Centers	No	Yes	Yes	7
Hawaii	248,000	Homes	Yes	Yes	Yes	*
Idaho	205,000	Neither	No	No	No	12
Illinois	2,544,000	Centers	Yes	Yes	Yes	4
Indiana	1,253,000	Centers	No	No	No	4
Iowa	668,000	Centers	No	No	No	4
Kansas	556,000	Centers	No	Yes	Yes	3
Kentucky	741,000	Both	Yes	Yes	No	6
Louisiana	754,000	Neither	No	No	Yes	6
Maine	273,000	Centers	No	No	Yes	4
Maryland	1,135,000	Neither	Yes	Yes	No	3
Massachusetts	1,445,000	Center	Yes	Yes	Yes	3
Michigan	1,899,000	Homes	Yes	Yes	No	4
Minnesota	1,006,000	Both	Yes	Yes	No	4
Mississippi	485,000	Neither	No	No	Yes	5
Missouri	1,146,000	Neither	Yes	Yes	Yes	4
Montana	172,000	Neither	No	Yes	No	4
Nebraska	365,000	Centers	Yes	Yes	Yes	4
Nevada	254,000	Both	Yes	Yes	Yes	4
New Hampshire	262,000	Neither	Yes	Yes	Yes	4
New Jersey	1,726,000	Homes	No	Yes	No	4
New Mexico	295,000	Both	Yes	Yes	Yes	6
New York	3,730,000	Neither	Yes	Yes	No	4
North Carolina	1,497,000	Centers	Yes	No	No	7
North Dakota	143,000	Both	No	Yes	No	4
Ohio	2,327,000	Both	No	Yes	Yes	6
Oklahoma	654,000	Centers	Yes	Yes	Yes	4
Oregon	621,000	Centers	No	No	No	4
Pennsylvania	2,504,000	Neither	No	Yes	Yes	4
Rhode Island	226,000	Neither	Yes	Yes	No	4
South Carolina	736,000	Neither	No	No	No	8
South Dakota	158,000	Centers	No	Yes	No	5
Tennessee	1,025,000	Both	Yes	Yes	Yes	6
Texas	3,476,000	Centers	No	Yes	Yes	5
Utah	330,000	Centers	Yes	Yes	No	4
Vermont	137,000	Both	No	No	Yes	4
Virginia	1,398,000	Centers	No	Yes	Yes	4
Washington	1,042,000	Neither	Yes	Yes	Yes	4
West Virginia	298,000	Neither	No	Yes	DK	4
Wisconsin	1,144,000	Both	Yes	Yes	No	4
Wyoming	98,000	Centers	Yes	Yes	No	5
U.S. total	53,027,000					

DK = Respondent did not know.

* Center-based child care prohibited for children younger than two.

Data on state regulations of child care are from *Who Knows How Safe? The Status of State Efforts to Ensure Quality Child Care* (Children's Defense Fund, 1990); check the tables in this publication for qualifications on some of the data above.

Education and Youth Employment

	Annual Unemployment Rate, Ages 16-19 (1989)	Rank	16- to 24-Year-Olds Not in School and Not High School Graduates (1980)	As a Percent of All 16- to 24-Year-Olds (1980)	Rank
Alabama	19.9%	45	129,000	19.3	45
Alaska	14.2	25	10,000	13.2	20
Arizona	16.7	37	83,000	17.8	38
Arkansas	23.1	50	69,000	19.2	44
California	13.9	22	704,000	17.4	36
Colorado	15.1	32	69,000	13.3	21
Connecticut	14.1	23	60,000	12.0	13
Delaware	11.1	9	13,000	12.7	15
District of Columbia	19.3	42	19,000	16.0	32
Florida	15.4	33	257,000	17.7	37
Georgia	15.5	35	195,000	20.9	49
Hawaii	9.8	3	17,000	10.0	6
Idaho	12.9	16	26,000	16.1	33
Illinois	15.0	31	296,000	15.5	29
Indiana	9.5	2	143,000	15.2	27
Iowa	13.6	19	48,000	9.7	4
Kansas	11.7	13	52,000	12.7	16
Kentucky	19.6	44	150,000	24.0	51
Louisiana	22.0	49	148,000	19.5	47
Maine	13.6	19	22,000	12.0	12
Maryland	14.5	27	102,000	14.4	25
Massachusetts	11.5	12	97,000	9.9	5
Michigan	16.8	38	217,000	13.5	23
Minnesota	11.1	9	56,000	8.0	1
Mississippi	25.0	51	94,000	21.2	50
Missouri	19.2	41	128,000	15.7	31
Montana	15.4	33	14,000	10.7	8
Nebraska	7.8	1	24,000	8.8	3
Nevada	13.7	21	24,000	18.4	41
New Hampshire	12.8	15	19,000	13.0	17
New Jersey	11.0	7	139,000	12.3	14
New Mexico	19.4	43	43,000	18.3	40
New York	14.5	27	363,000	13.1	19
North Carolina	10.9	6	195,000	18.9	42
North Dakota	11.0	7	11,000	8.7	2
Ohio	14.8	29	239,000	13.3	22
Oklahoma	15.5	35	83,000	16.4	34
Oregon	16.8	38	65,000	15.6	30
Pennsylvania	13.3	17	217,000	11.3	11
Rhode Island	10.3	4	24,000	15.1	26
South Carolina	14.3	26	103,000	18.0	39
South Dakota	12.5	14	13,000	11.1	10
Tennessee	14.9	30	148,000	19.4	46
Texas	20.0	46	497,000	19.9	48
Utah	13.4	18	34,000	13.0	18
Vermont	10.8	5	9,000	10.1	7
Virginia	14.1	23	154,000	16.7	35
Washington	17.4	40	97,000	13.8	24
West Virginia	21.9	48	58,000	19.0	43
Wisconsin	11.4	11	89,000	10.8	9
Wyoming	20.2	47	13,000	15.4	28
U.S. total	15.0		5,883,000	15.4	

Education and Youth Employment (Continued)

	Per-Pupil Expenditures (1986-1987)	Rank	Real Percent Change, Per-Pupil Expenditures, 1981-1982 to 1986-1987	Pupil-Teacher Ratio (1989)	Rank
Alabama	$2,573	49	5.5%	18.7	42
Alaska	8,010	1	7.4	17.0	26
Arizona	3,544	35	21.8	18.2	36
Arkansas	2,733	46	25.6	15.7	15
California	3,728	30	18.1	22.7	49
Colorado	4,147	18	20.4	17.8	33
Connecticut	5,435	5	44.2	13.1	1
Delaware	4,825	9	27.6	16.4	23
District of Columbia	5,742	4	28.1	13.3	2
Florida	3,794	25	31.4	17.1	28
Georgia	3,374	39	41.4	18.5	40
Hawaii	3,787	26	11.9	21.1	48
Idaho	2,585	48	12.4	20.6	47
Illinois	4,106	19	18.3	17.1	28
Indiana	3,556	34	30.4	17.8	33
Iowa	3,808	24	12.1	15.8	16
Kansas	3,933	21	18.2	15.2	12
Kentucky	2,733	46	21.3	17.8	33
Louisiana	3,069	44	0.3	18.2	36
Maine	3,850	23	46.7	14.6	7
Maryland	4,777	10	25.0	16.8	25
Massachusetts	5,145	7	38.8	13.7	5
Michigan	4,353	14	17.3	19.8	44
Minnesota	4,180	17	21.7	17.0	26
Mississippi	2,350	51	16.6	18.4	38
Missouri	3,472	36	25.4	15.9	18
Montana	4,194	16	18.3	15.8	16
Nebraska	3,756	29	17.5	15.0	10
Nevada	3,573	32	24.7	20.3	45
New Hampshire	3,933	21	32.6	16.2	22
New Jersey	5,953	3	37.1	13.6	3
New Mexico	3,558	33	11.4	18.5	40
New York	6,497	2	28.4	14.9	9
North Carolina	3,129	41	25.7	17.5	31
North Dakota	3,437	37	6.6	15.4	13
Ohio	3,671	31	24.7	17.6	32
Oklahoma	3,099	42	-1.9	16.5	24
Oregon	4,337	15	11.2	18.4	38
Pennsylvania	4,616	11	28.0	15.9	18
Rhode Island	4,985	8	38.7	14.5	6
South Carolina	3,237	40	43.6	17.2	30
South Dakota	3,097	43	13.9	15.4	13
Tennessee	2,827	45	26.2	19.3	43
Texas	3,409	38	29.4	n/a	n/a
Utah	2,415	50	9.1	24.5	50
Vermont	4,399	13	33.3	13.6	3
Virginia	3,780	28	34.1	16.1	21
Washington	3,964	20	26.6	20.4	46
West Virginia	3,784	27	23.5	15.1	11
Wisconsin	4,523	12	30.4	16.0	20
Wyoming	5,201	6	28.8	14.6	7
U.S. total	3,977		23.4	17.4	

Children in the Cities

City	Number of Children Under 18 (1980)	Rank (1980)	Percent of Child Population that is Black (1980)	Percent of Child Population that is Latino (1980)	Child Poverty Rate (%) (1980)	Rank (1980)	Percent of Teens (16-19) Who Are Dropouts (1980)	AFDC Grant, Family of Three (1990 $)	HUD-Determined Fair Market Rent (1989 $)	AFDC Grant as Percentage of Fair Market Rent (1990)
Baltimore	211,943	10	66.77	1.12	32.5	24	20.3	406	$527	77.04%
Boston	121,683	22	35.89	11.83	30.9	19	9.7	539	810	66.54
Chicago	852,876	2	50.70	19.92	30.8	18	20.1	367	604	60.76
Cleveland	159,444	17	50.83	4.70	31.3	20	18.4	334	406	82.27
Columbus	145,867	20	29.76	1.00	21.3	11	14.1	334	429	77.86
Dallas	243,792	8	40.32	18.21	20.4	10	20.5	184	527	34.91
Denver	110,877	24	17.73	32.27	20.2	9	21.0	356	478	74.48
Detroit	364,618	6	74.03	3.14	31.5	21	21.2	442	483	91.51
District of Columbia	143,491	21	85.99	2.59	27.0	15	12.7	409	695	58.85
El Paso	148,812	19	3.04	72.02	28.7	16	13.0	184	390	47.18
Houston	452,255	4	34.19	23.88	17.0	7	22.2	184	400	46.00
Indianapolis	200,447	12	27.36	1.18	15.6	5	18.6	288	421	68.41
Jacksonville	155,581	18	31.93	2.12	22.2	12	18.1	294	456	64.47
Los Angeles	745,738	3	20.51	39.97	23.7	14	19.5	694	715	97.06
Memphis	188,018	14	61.23	1.01	31.6	22	12.1	195	414	47.10
Milwaukee	171,866	15	36.48	6.75	22.5	13	17.8	518	470	110.21
New Orleans	160,332	16	70.99	3.24	38.7	25	14.8	190	485	39.18
New York	1,765,467	1	32.98	28.52	31.8	23	15.8	577	593	97.30
Philadelphia	437,158	5	46.87	6.17	30.0	17	15.0	421	555	75.86
Phoenix	228,752	9	6.25	21.74	13.7	3	21.9	293	557	52.60
San Antonio	253,238	7	7.30	65.68	14.4	4	19.0	184	470	39.15
San Diego	211,432	11	11.99	23.37	16.6	6	11.8	694	666	104.20
San Francisco	116,611	23	20.41	19.57	19.4	8	10.8	694	887	78.24
San Jose	195,285	13	5.57	29.34	10.0	1	15.7	694	878	79.04
Seattle	86,963	25	17.52	4.26	13.4	2	11.5	501	510	98.24
U.S. total								n/a	n/a	n/a

Note: n/a = data not available or not applicable.

City Data (Continued)

City	Number of Births to All Teens (1987)	Number of Births to Black Teens (1987)	Number of Births to Unmarried Teens (1987)	Percentage of Teen Births That Were to Unmarried Teens (1987)	Unmarried Teen Birth Rank (1987)	Percentage of All Births That Were to Teens (1987)
Baltimore	3,116	2,557	2,884	92.55%	21	22.86%
Boston	1,126	639	985	87.48	16	12.00
Chicago	10,232	7,228	8,978	87.74	17	18.53
Cleveland	2,159	1,379	1,845	85.46	13	20.80
Columbus	1,547	719	1,192	77.05	10	14.43
Dallas	3,855	1,873	2,659	68.98	7	18.58
Denver	n/a	n/a	n/a	n/a	n/a	n/a
Detroit	4,367	3,717	3,746	85.78	14	21.77
District of Columbia	1,665	1,526	1,593	95.68	22	16.31
El Paso	n/a	n/a	n/a	n/a	n/a	n/a
Houston	5,306	2,200	3,307	62.33	2	14.95
Indianapolis	2,115	962	1,635	77.30	11	16.17
Jacksonville	1,678	893	1,065	63.47	3	14.72
Los Angeles	9,153	2,482	6,516	71.19	9	12.36
Memphis	2,340	1,984	2,040	87.18	15	19.58
Milwaukee	2,326	1,614	2,084	89.60	18	19.31
New Orleans	1,761	1,589	1,593	90.46	20	18.66
New York	13,126	6,735	10,780	82.13	12	10.69
Philadelphia	4,891	3,370	4,414	90.25	19	17.13
Phoenix	2,811	356	1,935	68.84	6	15.33
San Antonio	3,348	279	1,566	46.77	1	18.50
San Diego	1,741	468	1,169	67.15	4	9.67
San Francisco	733	326	499	68.08	5	7.55
San Jose	1,384	126	959	69.29	8	9.11
Seattle	n/a	n/a	n/a	n/a	n/a	n/a
U.S. total	472,623	144,853	302,541	64.01		12.41

City Data (Continued)

City	Percentage of Black Births That Were to Teens (1987)	Infant Mortality Rate[1] (1987)	Infant Mortality Rank (1987)	Infant Mortality Rate, Black[1] (1987)	Low-Birthweight Rate (%) (1987)	Low-Birthweight Rank (1987)	Low-Birthweight Rate, Black (%) (1987)
Baltimore	27.14%	19.2	20	21.1	12.2%	23	14.4%
Boston	16.35	11.9	10	18.2	9.3	15	13.1
Chicago	26.65	16.6	17	22.9	10.5	19	14.7
Cleveland	24.81	15.5	15	20.0	9.9	18	12.4
Columbus	24.41	9.5	4	13.9	7.7	9	11.8
Dallas	27.00	10.3	6	15.7	9.1	14	13.8
Denver	n/a	n/a	n/a	n/a	9.7	17	14.6
Detroit	24.19	19.7	22	23.0	13.6	25	15.3
District of Columbia	19.57	19.3	21	22.8	13.5	24	16.1
El Paso	n/a	n/a	n/a	n/a	6.8	4	11.7
Houston	21.07	11.4	9	15.6	8.3	12	13.2
Indianapolis	27.20	13.3	14	23.7	7.7	9	11.6
Jacksonville	23.21	12.7	12	20.3	7.9	11	11.8
Los Angeles	18.96	10.5	8	21.1	7.0	5	14.5
Memphis	25.43	17.7	19	21.5	11.3	21	13.6
Milwaukee	30.99	12.2	11	17.9	8.7	13	12.9
New Orleans	22.80	15.8	16	17.4	11.4	22	13.2
New York	14.54	12.7	12	16.2	9.4	16	13.1
Philadelphia	23.09	17.3	18	23.6	10.9	20	14.9
Phoenix	25.34	10.4	7	—	7.3	7	13.5
San Antonio	20.77	9.3	3	—	7.5	8	12.8
San Diego	18.06	9.6	5	13.5	6.2	2	11.4
San Francisco	19.39	7.7	1	—	6.5	3	13.3
San Jose	14.00	8.7	2	—	5.4	1	8.3
Seattle	n/a	n/a	n/a	n/a	7.0	5	12.2
U.S. total	22.58	10.1	17.9	6.9	12.7		

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[1] Deaths per 1,000 live births.

Note: n/a = data not available.

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Moments In America

Every 35 seconds a baby is born into poverty.

Every 14 minutes an infant dies in the first year of life.

Every 14 hours a child younger than five is murdered.

Every night 100,000 children go to sleep without homes.

Every week in 1990, 327 children got measles, which could have been prevented by adequate immunizations.

Every month at least 56,000 children are abused.

In the 1990s this nation must struggle for its conscience and its future. The battles will shape our place in the twenty-first century world. At the crossroads of great national opportunity and grave national danger, America must salvage its future by saving and supporting and investing in our children and their families.

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